This document is not an application form and should not be returned to Zurich. Information must be recorded onto the Zurich Intermediary Platform.

If requesting your client to sign one of the attached declarations at this time please ensure their full name and account number are inserted before sending the declaration and any supporting information to Zurich Portfolio Team, PO Box 1200, Cheltenham GL50 9UP.

There are various accounts that can be set up on the Zurich Intermediary Platform. The key below will help you decide which of the sections are relevant for your client.
<table>
<thead>
<tr>
<th>New business process</th>
<th>Sections required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add a new client</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

Plus any of the following:

| Cash ISA transfer   | 5 14              |
| Stocks and Shares ISA transfer cash | 6 14 |
| Junior Stocks and Shares ISA transfer cash | 7 14 |
| Stocks and Shares ISA transfer in specie | 8 14 |
| Junior Stocks and Shares ISA transfer in specie | 9 14 |
| Investment Account transfer in | 10 14 |
| Retirement Account transfer in | 11 14 16 17 |
| Junior Retirement Account transfer in | 12 14 |
| Open accounts and set up payments in | 13 14 |
| Add a withdrawal | 15 |
| Stock transfer form and completion notes | 18 |
| Add a Notepad item | 19 |
| Third Party/Employer declaration for payments In | 20 |

Transfer authority declarations. Please print the relevant form.

| Cash transfer for a Junior ISA | 21 |
| Full ISA Transfer | 22 |
| Full Investment Account Transfer | 23 |
| Full Retirement Account Transfer | 24 |

Below are the Zurich Portfolio declaration and acceptance forms. Please print the relevant form.

| Zurich Portfolio declaration and acceptance | 25 |
| Declaration for your Zurich Portfolio Junior | 26 |
| Authorisation of one-off adviser remuneration | 27 |
| Authorisation of adviser remuneration | 28 |
| Nomination of beneficiaries | 29 |
| Direct Debit form | |

Print all sections
**Confirmation**

I confirm:
- [ ] *The Client has been resident in the UK for the past 6 months.
- [ ] *The Client has a national insurance number.

## 1 Client details

*Adviser*

*Portfolio type*  
- Individual  
- Joint  
- Junior

*Portfolio name*

<table>
<thead>
<tr>
<th>Individual</th>
</tr>
</thead>
</table>
| *Title*  
- Mr  
- Mrs  
- Miss  
- Ms  
- Dr  
- Other (please give details) |

| *First name(s)* |
| *Surname* |

| *Gender* |
| *Date of birth*  
D  
D  
M  
M  
Y  
Y  
Y  
Y |

*Marital status*

Does your client have more than one nationality?  
- Yes  
- No

If 'yes' please state nationality?

<table>
<thead>
<tr>
<th>National identifier information</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Insurance Number</td>
</tr>
</tbody>
</table>

If not dual national and UK national – we will use National Insurance number.

- [ ] *UK resident for tax purposes?  
- [ ] Yes  
- [ ] No

- [ ] *Crown employee?  
- [ ] Yes  
- [ ] No

- [ ] *Member of UK Armed forces  
- [ ] Yes  
- [ ] No

- [ ] *Access to website  
- [ ] None  
- [ ] Read only

- [ ] *Annual earnings*  
£

- [ ] *Employment status (select one)*
  - [ ] Caring for a person aged 16 or over
  - [ ] Caring for one or more children under the age of 16
  - [ ] Employed
  - [ ] In full time education
  - [ ] Other
  - [ ] Pensioner
  - [ ] Self employed
  - [ ] Unemployed

*If selected Employed or Self employed*

| Employer |
| Job title |

*Denotes a mandatory field*
1 Client details (continued)

Joint

*Title

- Mr
- Mrs
- Miss
- Ms
- Dr
- Other (please give details)

*First name(s)

*Surname

*Gender

*Marital status

Does your client have more than one nationality?  
- Yes
- No

If 'yes' please state nationality?  

National identifier information

If not dual national and UK national – we will use National Insurance number.

*UK resident for tax purposes?  
- Yes
- No

*Crown employee?  
- Yes
- No

*Member of UK Armed forces  
- Yes
- No

*Access to website  
- None
- Read only

*Annual earnings £

*Employment status (select one)

- Caring for a person aged 16 or over
- Caring for one or more children under the age of 16
- Employed
- In full time education
- Other
- Pensioner
- Self employed
- Unemployed

*If selected Employed or Self employed

Employer

Job title

*Denotes a mandatory field
1 Client details (continued)

Junior

**Child's details**

*Title

- [ ] Mr
- [ ] Mrs
- [ ] Miss
- [ ] Ms
- [ ] Dr
- [ ] Other (please give details)

*First name(s)

*Surname

*Gender

*Date of birth

Does your client have more than one nationality?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*UK resident for tax purposes?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*Crown employee/Crown employee dependent?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*Member of UK Armed forces

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*Annual earnings £

*Employment status (select one)

- [ ] Child where the individual is under the age of 16
- [ ] In full time education
- [ ] Other

**Registered contact details**

Personal details – Parent/Guardian

*Title

- [ ] Mr
- [ ] Mrs
- [ ] Miss
- [ ] Ms
- [ ] Dr
- [ ] Other (please give details)

*First name(s)

*Surname

*Gender

*Date of birth

Does your client have more than one nationality?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*UK resident for tax purposes?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*Crown employee?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*Member of UK Armed forces

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*Denotes a mandatory field
## 2 Contact details

**Individual**

*Residential address

<table>
<thead>
<tr>
<th>*Town</th>
<th>*Post code</th>
</tr>
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<tbody>
<tr>
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<th>*Country</th>
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<table>
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<tr>
<th>*Postal address</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

- Same as residential address

<table>
<thead>
<tr>
<th>*Town</th>
<th>*Post code</th>
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<tr>
<td></td>
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</table>

- Same as residential address

<table>
<thead>
<tr>
<th>*Town</th>
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<th>*Country</th>
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<tr>
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<td></td>
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</table>

- Same as residential address

<table>
<thead>
<tr>
<th>Daytime phone no.</th>
<th>Evening phone no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Joint**

*Residential address

<table>
<thead>
<tr>
<th>*Town</th>
<th>*Post code</th>
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<table>
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<tr>
<th>*Postal address</th>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- Same as residential address

<table>
<thead>
<tr>
<th>*Town</th>
<th>*Post code</th>
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<td></td>
</tr>
</tbody>
</table>

- Same as residential address

<table>
<thead>
<tr>
<th>Daytime phone no.</th>
<th>Evening phone no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NB.** An email address must be provided for access to the client website.

*Preferred contact method*  
- [ ] email  
- [ ] phone

*Send by*  
- [ ] post  
- [ ] online

**NB.** This option is only available if client read only access has previously been selected.

---

*Denotes a mandatory field*
2 Contact details (continued)

Junior

Child’s residential address

*Residential address

<table>
<thead>
<tr>
<th>Residential address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

*Town

*Post code

*Country

Contact details – Parent/Guardian

☐ Same as Child’s residential address

*Residential address

<table>
<thead>
<tr>
<th>Residential address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

*Town

*Post code

*Country

Client access, documentation and telephone numbers

Client online access level

☐ Yes ☐ No

Document preference

☐ Post ☐ Online

Email

At least one phone number has to be provided

Daytime phone number

Evening phone number

Preferred contact method by adviser

☐ Email ☐ Phone

*Denotes a mandatory field
3 Bank details

*Owner (select one)  [ ] Employer  [ ] Individual  [ ] Joint  [ ] Third party

*Account number  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

*Sort code  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Building society roll no

*Account name

*Will this account be used to make payments  [ ] Yes  [ ] No

*Will this account be used for withdrawals  [ ] Yes  [ ] No

*Bank name

*Bank address (providing sort code and account number enables address to be found automatically)

*Town

*Post code

*Country

4 Anti Money Laundering

Anti Money Laundering

*Full name of the regulated firm (or sole trader)

*Name

*Position  [ ] Not specified  [ ] Accounts manager  [ ] Director  [ ] Financial adviser  [ ] Paraplanner

*Date  D [ ] M [ ] Y [ ] Y

I/We confirm that:
The information above was obtained by me/us in relation to the client

The evidence I/we have obtained to verify the identity of the client:

[ ] meets the standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG

or

[ ] exceeds the standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG

If the evidence exceeds the standards set out within the guidelines, please details the evidence obtained:

I/we have reviewed the application and, based on the knowledge gained of the customer(s), we have (tick one box only):

[ ] no reason to believe the International Tax Compliance self-certification requires any follow up action

[ ] reason to believe the International Tax Compliance self-certification requires follow up action

If follow up action is required please state the reasons why

*Denotes a mandatory field
5 Cash ISA transfers

*Product provider/manager name
*Contact phone number
*Product provider/manager address

<table>
<thead>
<tr>
<th>Town</th>
<th>Post code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td></td>
</tr>
</tbody>
</table>

*Policy number/member ID

<table>
<thead>
<tr>
<th>ISA Type</th>
<th>Flexible</th>
<th>Non-flexible</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tax year</th>
<th>Current</th>
<th>Previous</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If current – subscriptions this tax year</th>
<th>£</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Initial remuneration</th>
<th>% or £</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Regular remuneration</th>
<th>% or £</th>
</tr>
</thead>
</table>

NB. Remuneration details will be required at a later stage during input.

<table>
<thead>
<tr>
<th>Cash amount</th>
<th>£</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
</table>

*Denotes a mandatory field
### 6 Stocks & Shares ISA transfer cash

**Transfer type**
- [ ] Cash

**Is the source from a Cash ISA?**
- [ ] Yes
- [ ] No

**Phased payment?**
- [ ] No
- [ ] Partially
- [ ] Fully

If partially or fully – Period? (3-12 months)

<table>
<thead>
<tr>
<th>*Product provider/manager name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*Contact phone number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*Product provider/manager address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*Town</th>
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<table>
<thead>
<tr>
<th>*Post code</th>
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<table>
<thead>
<tr>
<th>*Policy number/member ID</th>
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</table>

<table>
<thead>
<tr>
<th>ISA Type</th>
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<tr>
<td>[ ] Flexible</td>
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<tr>
<td>[ ] Non-flexible</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Tax year</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Current</td>
</tr>
<tr>
<td>[ ] Previous</td>
</tr>
</tbody>
</table>

**If current – subscriptions this tax year**

<table>
<thead>
<tr>
<th>£</th>
<th>%</th>
<th>£</th>
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</table>

**Initial remuneration**

<table>
<thead>
<tr>
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<th>%</th>
<th>£</th>
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</table>

**Regular remuneration**

<table>
<thead>
<tr>
<th>£</th>
<th>%</th>
<th>£</th>
</tr>
</thead>
</table>

**Cash amount**

<table>
<thead>
<tr>
<th>£</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
</tr>
</tbody>
</table>

*NB. Remuneration details will be required at a later stage during input.*

*Denotes a mandatory field*
7 Junior Stocks & Shares ISA transfer cash

Transfer type  
☐ Cash

*Is the source from a Cash ISA?  
☐ Yes  ☐ No

*Is the source from a Child Trust Fund?  
☐ Yes  ☐ No

Child Trust Fund number

*Phased payment?  
☐ No  ☐ Partially  ☐ Fully

If partially or fully, what is the period?  (3-12 months)

*Product provider/manager name

*Contact phone number

*Product provider/manager address

*Town

*Post code

*Country

*Policy number/member ID

*Tax year  
☐ Current  ☐ Previous

*If current – subscriptions this tax year  
£

*Initial remuneration  
% or £

*Regular remuneration  
% or £

NB. Remuneration details will be required at a later stage during input.

*Cash amount  
£

*Date

☐ D  ☐ M  ☐ Y  ☐ Y  ☐ Y

*Denotes a mandatory field
## 8 Stocks & Shares ISA transfer in specie

- **Transfer type**: In specie

**Product provider/manager name**

**Contact phone number**

**Product provider/manager address**

<table>
<thead>
<tr>
<th><em>Town</em></th>
<th><em>Post code</em></th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th><em>Country</em></th>
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<table>
<thead>
<tr>
<th><em>Policy number/member ID</em></th>
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</table>

<table>
<thead>
<tr>
<th><em>Tax year</em></th>
<th><em>If current – subscriptions this tax year</em></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
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</table>

<table>
<thead>
<tr>
<th><em>Initial remuneration</em></th>
<th><em>Regular remuneration</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>% or £</td>
<td>% or £</td>
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NB. Remuneration details will be required at a later stage during input.

<table>
<thead>
<tr>
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<th>Number of units</th>
<th>Date DD MM YY</th>
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<thead>
<tr>
<th>Asset name</th>
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<tr>
<th>Asset name</th>
<th>Number of units</th>
<th>Date DD MM YY</th>
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<td></td>
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</tbody>
</table>

*Denotes a mandatory field*
9 Junior Stocks & Shares ISA transfer in specie

Transfer type

☐ In specie

*Is the source from Child Trust Fund?  
☐ Yes  ☐ No

Child Trust Fund Number

_____________________________

*Product provider/manager name

*Contact phone number

*Product provider/manager address

_____________________________

*Town

*Post code

*Country

*Policy number/member ID

*Tax year

☐ Current  ☐ Previous

*If current – subscriptions this tax year

£

%  or  £

%  or  £

NB. Remuneration details will be required at a later stage during input.

Asset name

Number of units

Date D D M M Y Y Y Y

Asset name

Number of units

Date D D M M Y Y Y Y

Asset name

Number of units

Date D D M M Y Y Y Y

Asset name

Number of units

Date D D M M Y Y Y Y

**Denotes a mandatory field
## 10 Investment Account transfer in

**Transfer type**

- In specie

---

* **Product provider/manager name**
* **Contact phone number**
* **Product provider/manager address**

---

* **Town**
* **Post code**
* **Country**

---

* **Policy number/member ID**

---

* **Investment certificated**
  - Yes
  - No
* **If Yes – held in client’s name?**
  - Yes
  - No
* **If No – current owner**
* **If No – current owner’s address**

---

**Town**

**Country**

---

* **Initial remuneration** % or £
* **Regular remuneration** % or £

**NB.** Remuneration details will be required at a later stage during input.

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<table>
<thead>
<tr>
<th>Asset name</th>
<th>Number of units</th>
<th>Date DDMMYYYY</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
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<th>Number of units</th>
<th>Date DDMMYYYY</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Asset name</th>
<th>Number of units</th>
<th>Date DDMMYYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Asset name</th>
<th>Number of units</th>
<th>Date DDMMYYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*Denotes a mandatory field*
### 11 Retirement Account transfer in

**Transfer type**:  
- [ ] In specie  
- [ ] Cash

**Transfer Amount** (cash transfers only)  
£

* *Product provider/manager name*

* *Contact phone number*

* *Product provider/manager address*

---

* *Town*

* *Post code*

* *Country*

---

* *Policy number/member ID*

---

* *Scheme Type (select as appropriate)*
  - [ ] Buy-out plans  
  - [ ] Occupational pension (excluding s32/buyout)
  - [ ] Personal pension  
  - [ ] Retirement annuity

* *Does this transfer have a crystallised element?*
  - [ ] Yes  
  - [ ] No

* *If Yes – Drawdown type*
  - [ ] Capped  
  - [ ] Flexi-Access

* *If Yes – Is the element being used to provide a regular income?*
  - [ ] Yes  
  - [ ] No

* *If Yes – Current yearly income level*  
£

* *Income already taken in current drawdown year*  
£

* *Existing GAD maximum to transfer (capped only)*  

* *Next income review date (capped only)*  

** *Does the transfer have an uncrystallised cash element?***
  - [ ] Yes  
  - [ ] No

* *If Yes – Is this transfer to be crystallised immediately? (Cash transfer only)*
  - [ ] Yes  
  - [ ] No

** *Drawdown type***

** *Amount to be crystallised***

** *Tax free cash***

* *Regular remuneration***

---

*Denotes a mandatory field*
11 Retirement Account transfer in (continued)

<table>
<thead>
<tr>
<th>Asset name</th>
<th>Number of units</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>D M Y Y Y Y</td>
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</tbody>
</table>

<table>
<thead>
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<th>Asset name</th>
<th>Number of units</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>D M Y Y Y Y</td>
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</tbody>
</table>

<table>
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<th>Number of units</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td>D M Y Y Y Y</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Asset name</th>
<th>Number of units</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>D M Y Y Y Y</td>
</tr>
</tbody>
</table>
12 Junior Retirement Account transfer in

<table>
<thead>
<tr>
<th>Transfer type</th>
<th>In specie</th>
<th>Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer Amount (cash transfers only) £</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Product provider/manager name  
*Contact phone number  
*Product provider/manager address  

*Town  
*Post code  
*Country  

*Policy number/member ID  

<table>
<thead>
<tr>
<th>*Scheme Type (select as appropriate)</th>
<th>Personal pension</th>
<th>Other (please give details)</th>
</tr>
</thead>
</table>

*Regular Remuneration  

<table>
<thead>
<tr>
<th>Asset name</th>
<th>Number of units</th>
<th>Date D M Y Y Y Y</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*Denotes a mandatory field
13 Open accounts and set up payments in

<table>
<thead>
<tr>
<th>Payment type</th>
<th>Single</th>
<th>Regular</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Amount</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td>*Payment method</td>
<td>Cheque</td>
<td>Direct credit</td>
</tr>
<tr>
<td>*Cheque number if applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Source of payment</td>
<td>Individual</td>
<td>Joint</td>
</tr>
</tbody>
</table>

If yes to employer or third party complete third party payment declaration

<table>
<thead>
<tr>
<th>Payment type</th>
<th>Single</th>
<th>Regular</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Amount</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td>*Frequency</td>
<td>Monthly</td>
<td>Quarterly</td>
</tr>
<tr>
<td>*Payment method</td>
<td>Direct Debit</td>
<td></td>
</tr>
<tr>
<td>*Source of payment</td>
<td>Individual</td>
<td>Joint</td>
</tr>
</tbody>
</table>

If yes to employer or third party complete third party payment declaration

*Use same bank used to make payments? [Yes] [No]

If No – Account Name

Sort code

Account number

Regulars commence when?

Start date: DD MM YYYY

End date: DD MM YYYY or until notified

<table>
<thead>
<tr>
<th>Account type</th>
<th>Amount to invest single £</th>
<th>Amount to invest regular £</th>
<th>Amount to phase £</th>
<th>Period (3-12 months)</th>
<th>Initial remuneration % or £</th>
<th>Regular remuneration % or £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Account</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NOT AVAILABLE</td>
</tr>
<tr>
<td>Cash ISA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash ISA next tax year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks and Shares ISA</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Stocks and Shares ISA next tax year</td>
<td></td>
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<tr>
<td>Junior Stocks and Shares ISA</td>
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<tr>
<td>Junior Stocks and Shares ISA next tax year</td>
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<tr>
<td>Investment Account</td>
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<tr>
<td>Retirement Account</td>
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<tr>
<td>Junior Retirement Account</td>
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</tbody>
</table>

*If Cash Account/Investment Account/Retirement Account selected, nominate source of wealth

Company sale [ ] Gift [ ] Property sale [ ] Income from employment [ ]

Inheritance [ ] Property sale [ ] Savings [ ]

Other (not required for pension), provide details [ ]

If Retirement Account selected, relevant earnings

*Relevant earnings £

*Tax relief [Yes] [No]

*Denotes a mandatory field
14 Asset name or cash

<table>
<thead>
<tr>
<th>Account type</th>
<th>Asset name (fund name)</th>
<th>Single % or £</th>
<th>Regular % or £</th>
<th>Cash transfer % or £</th>
<th>Phased % or £</th>
<th>Treasured (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S&amp;S ISA, S&amp;S ISA next tax year, Junior S&amp;S ISA, Investment Account, Retirement Account, Junior Retirement Account</td>
<td></td>
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</tbody>
</table>

*Disinvestment strategy
- Last in first out
- Least volatile stock
- Proportionate

*Remuneration frequency
- Monthly
- Quarterly
- Half Yearly
- Yearly

*Take ISA charges from the Investment Account?
- Yes
- No

*Denotes a mandatory field
15 Withdrawals

*Account (select as appropriate)
- [ ] Cash ISA
- [ ] Stocks & Shares ISA
- [ ] Cash Account
- [ ] Retirement Account
- [ ] Cash ISA next tax year
- [ ] Stocks & Shares ISA next tax year
- [ ] Investment

Amount

*Frequency
- [ ] Monthly
- [ ] Quarterly
- [ ] Half Yearly
- [ ] Yearly

*Start date
- [ ] Day
- [ ] Month
- [ ] Year

*End date
- [ ] Day
- [ ] Month
- [ ] Year
- [ ] or until notified

*Destination bank account

*Income payment strategy

*Proportionally allocated?
- [ ] Yes
- [ ] No

*If Yes – Include cash account?
- [ ] Yes
- [ ] No

*Include protected assets?
- [ ] Yes
- [ ] No

*If No – specify the Account, Assets and Allocation to set income payment strategy

<table>
<thead>
<tr>
<th>Account type</th>
<th>Regular withdrawal amount</th>
<th>Asset name</th>
<th>% Allocation (must total 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

*Denotes a mandatory field
## 16 Define pension details (Part 1)

Do you want to set up a discretionary trust?  
☐ Yes  ☐ No

If Yes – Please nominate at least two trustees and one default beneficiary to set up a discretionary trust

### *Trustee – Individual one*

Client (as previous)

### *Trustee – Individual two*

<table>
<thead>
<tr>
<th>Title</th>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Dr</th>
<th>Other (please give details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td>D</td>
<td>D</td>
<td>M</td>
<td>M</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Residential address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Town</th>
<th>Post code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td></td>
</tr>
</tbody>
</table>

### *Default beneficiary one*

| First name(s) |  |
| Surname |  |
| Proportion | % |

### *Default beneficiary two*

| First name(s) |  |
| Surname |  |
| Proportion | % |

*If No – Do you want to set up expression of wish?  
☐ Yes  ☐ No

If Yes – Please nominate at least one default beneficiary to set up expression of wish

### *Trust type – Individual*

<table>
<thead>
<tr>
<th>Title</th>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Dr</th>
<th>Other (please give details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td>D</td>
<td>D</td>
<td>M</td>
<td>M</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Relationship to client</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion</td>
<td>%</td>
<td></td>
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<tr>
<td>Residential address</td>
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</table>

<table>
<thead>
<tr>
<th>Town</th>
<th>Post code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td></td>
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</table>

*Denotes a mandatory field*
**Trust type – Organisation**

<table>
<thead>
<tr>
<th>Organisation name</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation address</td>
<td>%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Town</th>
<th>Post code</th>
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<tbody>
<tr>
<td>Country</td>
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</table>

**Trust type – Organisation**

<table>
<thead>
<tr>
<th>Organisation name</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation address</td>
<td>%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Town</th>
<th>Post code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td></td>
</tr>
</tbody>
</table>

*Denotes a mandatory field*
17 Define pension details (Part 2)

*Intended retirement date
Total value of all actual or intended Zurich investments excluding the Retirement Account, Cash Account and Cash ISA

*Add partner details?

*Gender  □ Male  □ Female

*Partner’s pension required?  %

*Is the client entitled to Enhanced Protection?
*Pension commencement lump sum entitlement  %
*Certificate number

*Is the client entitled to Enhanced Protection?
*Pension commencement lump sum entitlement  %
*Certificate number

*Is the client entitled to Primary Protection?
*Pension commencement lump sum entitlement  %
*Certificate number

*Is the client entitled to Fixed Protection 2012, Fixed Protection 2014 and/or Individual Protection 2014, Fixed Protection 2016 and/or Individual Protection 2016?
*Certificate or permanent reference number

*Is the client entitled to a lifetime allowance enhancement factor arising from being a relevant overseas individual?
*Was the lifetime allowance enhancement factor granted prior to 6 April 2012?
*Certificate number

*Is the client entitled to a lifetime allowance enhancement factor following a transfer from a recognised overseas pension scheme?
*Was the lifetime allowance enhancement factor granted prior to 6 April 2012?
*Certificate number

*Is the client entitled to a lifetime allowance enhancement factor following receipt of a pension credit?
*Was the lifetime allowance enhancement factor granted prior to 6 April 2012?
*Certificate number

*Is one or more of the transfer(s) part of a block?
*Pension commencement lump sum value

*Money purchase annual allowance triggered?

Trigger event

*Denotes a mandatory field
18 Stock transfer form and completion notes

Please complete one form for each fund held in your own name that you want to transfer.

Name of fund and share class
1. Complete the full name of the fund and where applicable the share class.

ISIN
2. This is the unique reference code given to each fund.

Number of units or shares to be transferred
3. Please specify the number of units you want in words.
4. Please specify the number of units you want in numbers.

Name and address of registered holder
5. Complete the name(s) in which the holdings are currently registered, and address of the first registered holder. If you are completing the form on behalf of the registered holder(s), insert the capacity in which you are acting.

Account designation
6. If the holdings are designated to an account, insert the description of that account.

Tickboxes
7. Tick the first box if the transfer is exempt from Stamp Duty Reserve Tax (SDRT) because no payment has been made in connection with the transfer:
   a) the beneficial owner is not changing but the legal title is being transferred between nominees
   b) the units or shares are being transferred as a gift or being distributed to beneficiaries of a trust or of a deceased’s estate.
    Tick the second box if a payment has been made in connection with the transfer but, the payment is exempt from SDRT. For example because the transfer is to a registered charity.

Signatures
8. All current registered holders must sign and date this box. Where a signature is provided on behalf of the registered holder by an executor or a power of attorney, a copy of the legal document must be attached unless already provided.

Stamp box
9. Please leave this box blank.

Name(s) and details of the person(s) to whom the units or shares are being transferred
10. Please leave this box blank.

Account designation
11. Please leave this box blank.

Table on the back of the form
12. Please leave this box blank.

Signatures
13. Please leave this box blank.
# STOCK TRANSFER FORM

## UK UNIT TRUSTS AND OPEN-ENDED INVESTMENT COMPANIES

*This form should be completed and signed, as necessary, and should be lodged with the Fund’s Registrar.*

<table>
<thead>
<tr>
<th>Name of Fund and Share Class</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ISIN (if known)</td>
<td></td>
</tr>
</tbody>
</table>

Number of units or shares to be transferred. If the entire holding is to be transferred, insert “ALL.”

<table>
<thead>
<tr>
<th>Words:</th>
<th>Figures:</th>
</tr>
</thead>
</table>

Full name(s) of registered unit/share holder(s), address of first registered holder and account designation (if any). If the transfer is not being made by the registered holder(s), insert also the name(s) and capacity (eg. Executor(s)), of the person(s) making the transfer.

<table>
<thead>
<tr>
<th>1st holder name and address:</th>
<th>2nd holder name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd holder name:</td>
<td>4th holder name:</td>
</tr>
<tr>
<td>Account designation:</td>
<td></td>
</tr>
</tbody>
</table>

I/we hereby transfer the above units SHARES out of the name(s) aforesaid to the person(s) named below and request that such entries be made in the register as are necessary to give effect to this transfer.

[ ] I/we hereby certify, if the box to the left is ticked, that this transfer is not for consideration in money or money’s worth and is exempt from SDRT by virtue of paragraph 6(2) of Schedule 19 to the Finance Act 1999.

[ ] I/we hereby certify, if the box to the left is ticked, that this transfer is exempt from SDRT by virtue of paragraphs 6(3) - 6(5) of Schedule 19 to the Finance Act 1999 (charities, intra-group transfers etc.) and attach evidence as to facts of the transfer, which give rise to such exemption.

(Important: see "Stamp Duty Reserve Tax" below).

Signatory(ies) of transferor(s):

1. .........................................................................................................................

2. .........................................................................................................................

3. .........................................................................................................................

4. .........................................................................................................................

Date: ........................................ All transferors must sign. Bodies corporate should execute under their common seal, or otherwise as determined by their Memorandum and Articles of Association.

Full name(s), date(s) of birth and full postal address(es) (including postcode) of the person(s) to whom the security is transferred, and any account designation.

In each case please state title or salutation (eg. Mr., Mrs., Miss, etc.).

Note that only the 1st holder’s address will appear on the register of title.

*"Please see "Customer Due Diligence For Anti-Money Laundering Purposes" overleaf.

<table>
<thead>
<tr>
<th>1st holder name and address:</th>
<th>2nd holder name and address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd holder name and address:</td>
<td>4th holder name and address:</td>
</tr>
</tbody>
</table>

Date of Birth: ..........................

Date of Birth: ..........................

Date of Birth: ..........................

Date of Birth: ..........................

Account designation: ..........................

## STAMP DUTY RESERVE TAX

The declarations above will be used by the manager/authorised corporate director ("the Manager") of the unit trust/open-ended investment company ("the Fund") to determine that the transfer is exempt from stamp duty reserve tax ("SDRT") in accordance with Schedule 19 to the Finance Act 1999 ("the Act").

Tick one box and do so only if the corresponding statement is true and the transfer is exempt from SDRT for that reason. Leaving both boxes blank will indicate that the Fund is liable to SDRT on the transfer calculated in accordance with the Act, which the Manager has a right to recover from the parties to the transfer, in order to reimburse the Fund, before registering the change of title.
CUSTOMER DUE DILIGENCE FOR ANTI-MONEY LAUNDERING PURPOSES

This section does not apply where the transferee is a regulated financial institution or other entity that satisfies the criteria necessary to permit the Manager to apply "simplified" customer due diligence. In such cases, the Manager or Registrar may seek confirmation of the transferee’s status and eligibility for these purposes.

Under UK legislation to prevent money laundering, the manager/authorised corporate director ("the Manager") of the unit trust/open-ended investment company is required to verify the identities of any transferees named overleaf. In the case of bodies corporate, trusts and other legal arrangements, it is also required to establish the identity of any trustees or other controllers that are not named as well as individuals that have a specified beneficial interest in the units/shares being transferred. It may also need to enquire as to the purpose of the transfer. For these purposes, the Manager, or Registrar acting on its behalf, may need to obtain independent documentary evidence of identity in respect of the transferee(s) and may undertake electronic searches of the electoral register and of other personal data, although not credit information, which may be held by credit reference agencies and others.

**BE neficial OWNERSHIP AND CONTROL**

(a) If the transferee(s) is/are the individual beneficial owner(s), please state "TRANSFEREE" or "TRANSFEREES", as appropriate, in the first name space in the table below.

(b) If the transferee is a body corporate or a partnership, it must enter in the table below the names of any persons that own or control more than 25% of the voting rights in the body or partnership, or are entitled to more than 25% of its capital or profits, or otherwise exercise control over the management of the body or partnership.

(c) If the transferee(s) is/are acting as trustee(s) (or similar), they must enter in the table below the names of any further trustees or others that have control over the management of the trust or arrangement and any individuals that have an entitlement to at least 25% of the property of the trust or otherwise have control over the trust. *

*If no individual has a specified interest that exceeds the above limits, please state "NONE" in the first name space below and strike through the remainder of the table. In the case of entities and arrangements that are not established for the benefit of any specified individual(s), the table should be used to provide a description of the nature of those who will benefit from the entity or arrangement ("the class of beneficiary").

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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</table>

<table>
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<tr>
<th>Name</th>
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<table>
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<tr>
<th>Name</th>
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<tr>
<th>Name</th>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** eg. trustee, partner, shareholder, beneficiary etc.

Please complete the table in BLOCK CAPITALS. If there is insufficient space above to list all the relevant individuals, please tick here □ and continue onto a separate sheet of paper, which should be stapled to this form.

If we hereby certify that the above is a complete list of the beneficial owners and controllers as described above and that they are known to me/us or one of us or, in the case of a class of beneficiary, that the description is appropriate and accurate.

To be signed by one or more of the transferees named overleaf, in whose names the units/shares will be registered.

Signature(s):
1
2 3
3
4

In the event of doubt as to how to complete the table, please contact the Registrar. If the table and declaration above are not completed, the Manager or Registrar may not proceed with the transfer in order to fulfill their obligations under UK money laundering and data protection legislation.

The Registrar may refuse to register the transfer or allow further disposal of the units/shares by the transferee(s) until such time as the above due diligence measures have been completed to the Manager's satisfaction.

© Investment Management Association 2012
## STOCK TRANSFER FORM

**UK UNIT TRUSTS AND OPEN-ENDED INVESTMENT COMPANIES**

*This form should be completed and signed, as necessary, and should be lodged with the Fund’s Registrar.*

<table>
<thead>
<tr>
<th>Name of Fund and Share Class</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ISIN (if known)</strong></td>
<td></td>
</tr>
<tr>
<td>Number of units or shares to be transferred.</td>
<td><strong>Words:</strong> 2nd holder name and address:</td>
</tr>
<tr>
<td>If the entire holding is to be transferred, insert “ALL”.</td>
<td><strong>Figures:</strong> 3rd holder name:</td>
</tr>
<tr>
<td>Full name(s) of registered unit/share holder(s), address of first registered holder and account designation (if any).</td>
<td>1st holder name and address:</td>
</tr>
<tr>
<td>If the transfer is not being made by the registered holder(s), insert also the name(s) and capacity (eg. Executor(s)) of the person(s) making the transfer.</td>
<td>2nd holder name:</td>
</tr>
</tbody>
</table>

I/We hereby transfer the above units/shares out of the name(s) aforesaid to the person(s) named below and request that such entries be made in the register as are necessary to give effect to this transfer.

[ ] I/We hereby certify, if the box to the left is ticked, that this transfer is not for consideration in money or money's worth and is exempt from SDRT by virtue of paragraph 6(2) of Schedule 19 to the Finance Act 1999.

[ ] I/We hereby certify, if the box to the left is ticked, that this transfer is exempt from SDRT by virtue of paragraphs 6(3) - 6(5) of Schedule 19 to the Finance Act 1999 (charities, intra-group transfers etc.) and attach evidence as to facts of the transfer, which give rise to such exemption.

(Important: see "Stamp Duty Reserve Tax" below).

**Signature(s) of transferor(s):**

1. 

2. 

3. 

4. 

**Date:** All transferors must sign. Bodies corporate should execute under their common seal, or otherwise as determined by their Memorandum and Articles of Association.

| Full name(s), date(s) of birth and full postal address(es) (including postcode) of the person(s) to whom the security is transferred, and any account designation. | 1st holder name and address:  |
| In each case please state title or salutation (eg. Mr., Mrs., Miss. etc.). | 2nd holder name and address: |
| Note that only the 1st holder's address will appear on the register of title. | Date of Birth: |
| “Please see ‘Customer Due Diligence For Anti-Money Laundering Purposes’ overleaf. | Date of Birth: |

| 3rd holder name and address: | Date of Birth: |
| 4th holder name and address: | Date of Birth: |

| Account designation: |  |

## STAMP DUTY RESERVE TAX

The declarations above will be used by the manager/authorised corporate director ("the Manager") of the unit trust/open-ended investment company ("the Fund") to determine that the transfer is exempt from stamp duty reserve tax ("SDRT") in accordance with Schedule 19 to the Finance Act 1999 ("the Act").

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© Investment Management Association 2012
CUSTOMER DUE DILIGENCE FOR ANTI-MONEY LAUNDERING PURPOSES

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<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Capacity**</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
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<td>Date of Birth</td>
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<td>Name</td>
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<td>Date of Birth</td>
<td></td>
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<tr>
<td>Capacity**</td>
<td></td>
</tr>
</tbody>
</table>

** eg. trustee, partner, shareholder, beneficiary etc.

Please complete the table in BLOCK CAPITALS. If there is insufficient space above to list all the relevant individuals, please tick here ☐ and continue on a separate sheet of paper, which should be stapled to this form.

I/we hereby certify that the above is a complete list of the beneficial owners and controllers as described above and that they are known to me/us or, in the case of a class of beneficiary, that the description is appropriate and accurate.

To be signed by one or more of the transferees named overleaf, in whose names the units/shares will be registered.

Signature(s):

1

2

3

4

In the event of doubt as to how to complete the table, please contact the Registrar. If the table and declaration above are not completed, the Manager or Registrar may need to contact the transferee(s) prior to registering the transfer in order to fulfil their obligations under UK money laundering and data protection legislation.

The Registrar may refuse to register the transfer or allow further disposal of the units/shares by the transferee(s) until such time as the above due diligence measures have been completed to the Manager’s satisfaction.

© Investment Management Association 2012
<table>
<thead>
<tr>
<th>Item number to identify on asset list</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Bond</td>
<td>Cash ISA</td>
<td>Pension</td>
<td>S&amp;S ISA</td>
<td>Unwrapped</td>
</tr>
<tr>
<td>Product provider/manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product type (defined benefit/defined contributions)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Product sub-type(1)</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Description</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Plan account number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax year (current/previous)</td>
<td>N/A</td>
<td></td>
<td>N/A</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Status (current/deferred)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Investment Adviser (yes/no)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

(1) **Product Sub-type – Bond** – Options are: Distribution Bond, Endowments, Guaranteed, Investment Plan, Offshore Bond, Onshore Bond, Other, Savings Plan, Whole Of Life, With Profit.

(1) **Product Sub-type – Pension** – Options are: Final Salary, Buy-Out Plans, Occupational Pension, Other, Personal Pension, Retirement Annuity.
<table>
<thead>
<tr>
<th>Insert item no.</th>
<th>Asset name</th>
<th>Number of units</th>
<th>Date D M Y Y Y Y Y</th>
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<tbody>
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</tr>
</tbody>
</table>
20 Third Party/Employer declaration for payments in

<table>
<thead>
<tr>
<th>*Third party type</th>
<th>Controller</th>
<th>Corporate</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Payment method</td>
<td>Payee</td>
<td>Power of attorney</td>
<td>Premium payer</td>
</tr>
</tbody>
</table>

*Controller type: Individual (Controller, Individual, Payee, Power of attorney, Premium payer)

<table>
<thead>
<tr>
<th>*Title</th>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Dr</th>
<th>Other (please give details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*First name(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Surname</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Gender</td>
<td>*Date of birth D D M M Y Y Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*UK resident for tax purposes? Yes No

*Residential address

<table>
<thead>
<tr>
<th>*Town</th>
<th>*Post code</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Country</td>
<td></td>
</tr>
</tbody>
</table>

Non-Individual (Controller, Corporate, Payee, Premium payer)

| *Full name |
| *Type of entity (corporate, trust, etc) |
| *Registered office in country of corporation |
| *Registered number, if any (or appropriate) |

#Global Intermediary Identification Number (GIIN)

| *Names of directors |
| *Names of principle beneficial owners (over 25%) |

*Business location

<table>
<thead>
<tr>
<th>*Town</th>
<th>*Post code</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Country</td>
<td></td>
</tr>
</tbody>
</table>

**Confirmation**

I/We confirm that:

- The information in the ‘Details of third Party sources’ section above was obtained by me/us in relation to the third party.
- The evidence I/we have obtained to verify the identity meets or exceeds, the standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG.

If the evidence exceeds the standard set out with the guidelines, please detail the evidence obtained:

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Date D D M M Y Y Y</td>
</tr>
</tbody>
</table>

*Denotes a mandatory field  #You must complete your GIIN from 1 January 2015
21 Cash transfer for a Junior ISA

Please return this form to the Zurich Portfolio Team

This form should be used to request a cash transfer between ISAs or from a Child Trust Fund

<table>
<thead>
<tr>
<th>First name(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
</tbody>
</table>

Child's details

<table>
<thead>
<tr>
<th>First name(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
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<tr>
<td>Address</td>
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<tr>
<td>Postcode</td>
<td></td>
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<tr>
<td>Telephone number</td>
<td></td>
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<tr>
<td>Date of birth</td>
<td>D D M M Y Y Y</td>
</tr>
<tr>
<td>National Insurance number</td>
<td></td>
</tr>
<tr>
<td>Existing account number</td>
<td></td>
</tr>
</tbody>
</table>

Registered contact's details

<table>
<thead>
<tr>
<th>First name(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
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<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
</tr>
</tbody>
</table>
Cash transfer authority

I declare that:

- I am 16 years of age or over
- I have parental responsibility for the child
- I am the registered contact for the Junior Stocks and Shares ISA

I authorise Sterling ISA Managers Limited:

- To hold the child’s subscriptions, Junior Stocks and Shares ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and cash, and
- To make on behalf of the child any claims to relief from tax in respect of Junior Stocks and Shares investments.

I confirm:

- That subscriptions have been made to the Junior Stocks and Shares ISA in the current tax year.
- The current tax year subscriptions are £1,000.00.
- I want to transfer the current tax year subscriptions from the Junior Stocks and Shares ISA.
- I want to transfer the previous tax year subscriptions from the Junior Stocks and Shares ISA.
- I want to close the Junior Stocks and Shares ISA.
- I wish to transfer into a Zurich Junior Stocks and Shares ISA.

Registered contact transfer authority

I authorise my existing ISA Manager (as specified above) to transfer the ISA (account number above) to Sterling ISA Managers Limited.

I authorise my existing ISA Manager to provide Sterling ISA Managers Limited with any information, written or non-written, concerning the Junior Cash or Stocks and shares ISA and to accept any instructions from them relating to the Junior Cash or Stocks and Shares ISA being transferred.

Where I must give notice to close or transfer part of the existing ISA, or the existing ISA contains a fixed term deposit that has not reached its maturity date, please tick the relevant box below.

☐ I wish the full notice period to be served before this instruction is processed.

☐ I wish to proceed immediately with the transfer and bear any consequential penalty which may be applied.

Before signing this form please ensure that you have read the Zurich Junior stocks and shares ISA key features and terms and conditions.

Signature of registered contact

Date

Sterling ISA Managers Limited – transfer acceptance

Sterling ISA Managers Limited are willing to accept this investor’s ISA funds subject to HMRC rules (the ISA Regulations). We deem the date shown below to be the transfer date of this ISA.

Date

Please return this form to

Zurich Portfolio Team
PO Box 1200
The Grange
Bishops Cleeve
Cheltenham
GL50 9UP

*Denotes a mandatory field
**Cash transfer authority**

Please return this form to the Zurich Portfolio Team

This form should be used to request a transfer of pre-retirement benefits.

<table>
<thead>
<tr>
<th>First name(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

| Postcode |  |

**Child’s details**

<table>
<thead>
<tr>
<th>First name(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
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<tr>
<td>Address</td>
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</tr>
</tbody>
</table>

| Postcode |  |

| Telephone number |  |

| Date of birth D D M M Y Y Y |  |

| National Insurance number |  |

| Existing account number |  |

| Pension scheme tax reference number |  |

| Existing scheme name |  |

| Estimated transfer value |  |

| Does this represent the full value of the account(s) being transferred? Yes No |  |

**Registered contact’s details**

<table>
<thead>
<tr>
<th>First name(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

| Postcode |  |

| Telephone number |  |
Transfer authority

• I authorise, instruct and apply to as specified above, to transfer sums from the account(s) listed above directly to Zurich and to provide any instructions and/or discharge required by any relevant third party to do so.

• I authorise Zurich, as specified above, any contributing Employer and any adviser named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums to Zurich.

• Until this application is accepted and complete, Zurich’s responsibility is limited to the return of the total payment(s) to as specified above.

• When payment is made to Zurich as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the account(s) listed above where the whole of the account(s) are transferring, or that part of the account(s) represented by the payment(s) if only part of the account(s) are transferring.

• I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Zurich and as specified above, may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application.

• I understand that I can only request to transfer benefits from another registered pension scheme or a recognised overseas pension scheme.

• I understand that completion of this form does not guarantee acceptance of the transfer. Further information can be found in the Zurich guide to transfers.

Before signing this form please ensure that you have read the Junior retirement account key features and Zurich terms and conditions.

Signature on behalf of Account Holder:  

Date  

Name:  
Relationship to child:  

Please return this form to  
Zurich Portfolio Team  
PO Box 1200  
The Grange  
Bishops Cleeve  
Cheltenham  
GL50 9UP
22 Full ISA transfer

First name(s)

Surname

Address

Postcode

Date of birth D D M M Y Y Y

National Insurance number

Zurich Portfolio number

Name of existing ISA manager

Address of existing ISA manager

Existing ISA number

Please tick one of the following options

• Please sell all assets within my ISA account(s) with my current ISA provider/ISA Manager to cash and transfer the proceeds to my Zurich ISA

• Please re-register all my ISA holdings with my current ISA provider/ISA Manager to my Zurich ISA. Where it is not possible to re-register assets, I authorise the transferring ISA manager to sell those assets that can’t be re-registered and transfer the cash proceeds in pounds sterling to Zurich.

Do you wish to transfer your current tax year ISA? (note a current tax year ISA must be transferred in its entirety) Yes No

Date of first contribution in current tax year D D M M Y Y Y

Amount subscribed in current tax year

Tax years to be transferred

Transfer Authority

By signing the declaration below:

I request and consent to the payment of any ISA transfer value(s) detailed above, from my previous ISA manager to my Zurich ISA.

I instruct the above ISA manager to take the above indicated action immediately and transfer cash or re-register assets from my current ISA to my Zurich ISA.

Where any re-registration to my Zurich ISA has occurred, I wish to transfer any residual cash to my Zurich Stocks and shares ISA.

I authorise my current ISA provider/ISA Manager to manage and provide Sterling ISA Managers/Zurich or my financial adviser with any information they request in relation to my ISA.

I have read and agreed to the Zurich Stocks & Shares ISA terms and conditions and key features.

I have received and had sufficient time to read the Zurich Stocks and Shares ISA key features document and the Zurich Portfolio terms and conditions applicable to the Zurich Stocks and Shares ISA and the Key Information Documents or Key Investor Information Documents relevant to the assets selected.

I agree that where Zurich receives a transfer representing part of the value of a plan detailed in your application, your existing provider will be discharged of all claims and responsibilities only in respect of the part of the plan represented by the transfer.

I accept responsibility for any claims losses or expenses that Zurich or the transferring [scheme] may incur as a result of any incorrect information provided within this application or if I fail to comply with any aspect of the application.

Name

Signature

Date D D M M Y Y Y
23 Full Investment Account transfer

First name(s)  
Surname  
Address  

Postcode  

Date of birth  D  D  M  M  Y  Y  Y

National Insurance number  
Zurich Portfolio number  

Name of existing investment manager  
Address of existing investment manager  
Existing investment account/policy number  
Estimated transfer value  

Please tick one of the following options

• Please sell the assets within my plan to cash and transfer the proceeds to my Zurich investment account.

• Please re-register all my investment account holdings to my Zurich investment account. Where it is not possible to re-register assets, I authorise the transferring provider to sell those assets that can’t be re-registered and transfer the cash proceeds in pounds sterling to Zurich.

Transfer Authority

By signing the declaration below:

I/we request and consent to the payment of any transfer value(s), detailed above, from my previous arrangement to my investment account with Zurich.

I/we instruct the above investment manager to take the above indicated action immediately and transfer cash or re-register assets from my investment account detailed above, to my Zurich investment account.

Where any re-registration to my Zurich investment account has occurred, I wish to transfer any residual cash to my Zurich portfolio investment account.

I/we authorise you to re-register the assets shown to Zurich and their appointed custodians, Sterling ISA Managers (Nominees) Ltd and Winterflood Nominees.

I/we authorise you to provide any information regarding my account to Zurich and to act on instructions from Zurich.

Charges may be deducted prior to the transfer to Zurich.

I have read and agreed to the Zurich investment account terms and conditions and key features.

I have received and had sufficient time to read the Zurich Stocks and Shares ISA key features document and the Zurich Portfolio terms and conditions applicable to the Zurich Stocks and Shares ISA and the Key Information Documents or Key Investor Information Documents relevant to the assets selected.

I/we agree that where Zurich receives a transfer representing part of the value of a plan detailed in your application, your existing scheme provider will be discharged of all claims and responsibilities only in respect of the part of the plan represented by the transfer.

I/we accept responsibility for any claims losses or expenses that Zurich or the transferring scheme may incur as a result of any incorrect information provided within this instruction or if I/we fail to comply with any aspect of this instruction.

Name  
Signature  
Date  D  D  M  M  Y  Y  Y  Y

Name  
Signature  
Date  D  D  M  M  Y  Y  Y  Y
24 Full Retirement Account transfer

First name(s)
Surname
Address

Postcode

Date of birth DD MM YYYY

National Insurance number Zurich Portfolio number

Name of existing investment manager
Address of existing investment manager
Existing account number
Pension scheme tax reference number
Existing scheme name
Estimated transfer value

Does this represent the full value of the pension?  Yes  No

Are the funds being transferred:
☐ Entirely in drawdown
☐ Partially in drawdown
☐ Not in drawdown

Please tick one of the following options
☐ Please sell all assets within my pension to cash and transfer the proceeds to my Zurich Portfolio.
☐ Please re-register all my pension holdings to my Zurich Portfolio. Where it is not possible to re-register assets, I authorise the transferring provider to sell those assets that can’t be re-registered and transfer the cash proceeds in pounds sterling.

Declarations to the current provider and to Zurich
Are you subject to the Money Purchase Annual Allowance (MPAA)?  Yes  No
If so, from what date did the MPAA start to apply to you? DD MM YYYY
Are any of the proceeds of this transfer subject to a bankruptcy or court order?  Yes  No
If so please enclose a copy of the pension sharing order.

Is the transfer value part of a block transfer of all your benefits within the scheme you are transferring from?  Yes  No
If so please enclose a copy of the pension sharing order.

By signing the declaration below:
I authorise and instruct you to transfer funds from the plan listed above directly to Sterling ISA Managers Limited. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.
I authorise you to release all necessary information to Sterling ISA Managers Limited to enable the transfer of funds to Sterling ISA Managers Limited.
I authorise you to obtain from and release to the financial adviser named in this application any additional information that may be required to enable the transfer of funds.
If an employer is paying contributions to any of the plans as listed in this transfer authority, I authorise you to release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).

Until this application is accepted and complete, Sterling ISA Managers Limited's responsibility is limited to the return of the total payment(s) to the provider named above.

Where the payment(s) made to Sterling ISA Managers Limited represent(s) all of the funds under the plan(s) listed above, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.

Where the payment(s) made to Sterling ISA Managers Limited represent(s) part of the funds under the plan(s) listed above, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented the payment(s).

I promise to accept responsibility in respect of any claims, losses and expenses that Sterling ISA Managers Limited and the provider named above may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

If I have taken benefits from any pension arrangement, with the current or any other pension provider, in a way which means I am subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me.

My adviser has explained to me that where I have requested the re-registration of assets, Sterling ISA Managers/Zurich will need to check whether the assets(s) can be accepted by them before they accept the re-registration.

My adviser has explained to me that I can only request to transfer benefits from another registered pension scheme or a recognised overseas pension scheme.

I understand that completion of this form does not guarantee acceptance of the transfer and that the reasons for this are explained in the Zurich Portfolio guide to transfers which is available from your adviser.

Before signing this form please ensure that you have had sufficient time to read the key features of the Zurich Retirement Account, the terms and conditions of the Zurich Portfolio applicable to the Retirement Account and the Key Information Documents or Key Investor Information Documents relevant to the assets selected.

Name

Signature

Date
25 Declaration for your Zurich Portfolio

Acceptance

Zurich Portfolio

Account Holders Full Name

Second Account Holders Full Name

Your adviser has recommended that you invest through a Zurich Portfolio. Completing and returning this form is the first step towards opening it.

The Zurich Portfolio terms and conditions contain important information about it and the accounts that are available to you. They also explain the way in which your assets are transacted, and the responsibilities you, your adviser and we have in delivering these services to you.

The Zurich Accidental Death Cover terms and conditions also contain important information about how that cover will work in practice.

Declarations

Your adviser has confirmed that:

• you have received and had sufficient time to read the terms and conditions of the Zurich Portfolio and the Zurich Accidental Death Cover along with the relevant data protection leaflet – Your privacy is important to us. They also confirm you are aware and agree to the use of your personal information for the purposes of your Zurich Portfolio and Zurich Accidental Death Cover
• this business has been solicited, sold, signed and completed in the UK and that all persons involved in transacting this business are authorised or exempt persons as defined in the Financial Services and Markets Act 2000 and are permitted to conduct this type of business.

You agree that Sterling ISA Managers Limited:

• can undertake any search (with Experian) to confirm your identity. You are aware that Experian may check the details you provide against any particulars on any database (public or otherwise) to which they have access. You are also aware that a record of the search will be retained by Experian, and that Experian may use your details to help other companies verify information
• can conduct appropriate anti-money laundering, fraud and counter-terrorism checks, and
• its agents and certain Zurich Group companies can use your information to set up, process and administer your portfolio and the accounts within it.
• can share details about you, including the Experian search above, and your Zurich Portfolio with Zurich Assurance Ltd as required to allow Zurich Assurance Ltd to provide the Zurich Accidental Death Cover linked to your Zurich Portfolio and issue any payment that may fall due.

You confirm that:

• you are over 18 years of age, and
• the information given is correct, and you want to proceed with the application

The terms and conditions of the Zurich Portfolio form the agreement between you and us, and are legally binding for both parties. We will notify you and your adviser if we change them. If you have any questions, please speak to your adviser.

If your Zurich portfolio application is accepted, you authorise Zurich Assurance Ltd to issue you with a Zurich Accidental Death Cover plan. The terms and conditions of Zurich Accidental Death Cover form the agreement between you and Zurich Assurance Ltd, and are legally binding for both parties.

International Tax Compliance self-certification

Notes

We are required by UK law to ask for information about your tax residency. This is linked to international agreements that provide a means of sharing tax information and a global strategy to avoid tax evasion. This information is shared under the Organisation for Economic Co-operation and Development (OECD)'s Common Reporting Standard (CRS) in order to provide for the automatic exchange of information.

As part of CRS, countries obtain financial information from local financial institutions and automatically exchange this information with other tax authorities annually.

More information about this self-certification and why we are asking you to complete this can be found at www.zurich.co.uk/itc-questions.

A full list of the countries subject to these agreements can be found at www.zurich.co.uk/itc-countries.

We are asking for your tax residency and tax ID numbers and will record this on our records now. We will only disclose this information to the relevant tax authorities if and when we are required to under UK law.

Your tax residence generally is the country in which you live for more than half a year. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (dual residency). The country/countries in which you pay income tax are likely to be your country/countries of tax residence. This approach follows the Association of British Insurers directive to collect extra details from customers to establish this information.

If you are a US citizen or hold a US passport or green card, you will also be considered tax resident in the US even if you live outside the US.
If you have any questions on how to complete this form we recommend that you speak to your tax or legal adviser.

Account Holder (please insert full name)

Are you resident for tax purposes anywhere other than the UK?  
☐ Yes  ☐ No

Town/city of birth

Country of birth

Country of residence for tax purposes  Tax reference number (if UK, please supply your national insurance number)

Are you a US citizen?  
☐ Yes  ☐ No

Second Account Holder (please insert full name)

Are you resident for tax purposes anywhere other than the UK?  
☐ Yes  ☐ No

Town/city of birth

Country of birth

Country of residence for tax purposes  Tax reference number (if UK, please supply your national insurance number)

Are you a US citizen?  
☐ Yes  ☐ No

Signature

Date D D M M Y Y Y Y

If second account holder

Signature

Date D D M M Y Y Y Y

Next steps

Once you have read and understood the terms and conditions of the Zurich Portfolio and Zurich Accidental Death Cover, you need to accept them by signing and dating below.

You will become a Zurich Portfolio customer once this signed form and any other supporting documentation has been accepted by us.

Signature

Date D D M M Y Y Y Y

Signature

Date D D M M Y Y Y Y

Please return to:

Zurich Portfolio Support Centre
The Grange
Bishops Cleeve
Cheltenham
GL52 8XX
26 Declaration for your Zurich Portfolio – Junior

Acceptance

Zurich Portfolio

Name

Your adviser has recommended that you invest through a Zurich Portfolio. Completing and returning this form is the first step towards opening it. The Zurich Portfolio terms and conditions contain important information about it and the accounts that are available to you. They also explain the way in which your assets are transacted, and the responsibilities you, your adviser and we have in delivering these services to you.

Declarations

Your adviser has confirmed that:

• you have received the terms and conditions of the Zurich portfolio which includes information on how yours and the child’s personal information will be used by Zurich.
• this business has been solicited, sold, signed and completed in the UK and that all persons involved in transacting this business are authorised or exempt persons as defined in the Financial Services and Markets Act 2000 and are permitted to conduct this type of business.

In order to provide you with services and to meet our legal and regulatory obligations, Sterling ISA Managers Limited:

• along with its agents and certain Zurich Group companies, will use both yours and the child’s personal information to set up, process and administer the portfolio and the accounts within it.

Zurich will also use yours and the child’s personal information, as outlined in the “Your Privacy Is Important to us” leaflet, which your adviser will have given you.

You confirm that:

• you have parental responsibility for the child
• you are over 18 years of age, and
• the information given is correct, and you want to proceed with the application

The terms and conditions of the Zurich portfolio form the agreement between you and us, and are legally binding for both parties. We will notify you or your adviser if we change them. If you have any questions, please speak to your adviser.

Next steps

Once you have read and understood the terms and conditions of the Zurich portfolio, you need to accept them by completing the Tax Self Certification with details about the child. Once completed you should sign and date below.

You will become a Zurich portfolio registered contact once this signed form and any other supporting documentation has been accepted by us.

Acceptance of Terms and Conditions

Taxation Self-Certification Declaration

Notes

The UK Government has and will be agreeing a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other jurisdictions. The requirement to collect certain information about each customer’s tax arrangement is part of UK legislation and as a financial services company we are legally obliged to collect it. We are asking for the child’s tax residency and tax ID numbers (where applicable) and will record this on our records now, but will only disclose this information to the relevant tax authorities if and when we are required to under UK law.

Your tax residence generally is the country in which you live for more than half a year. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (dual residency). The country/countries in which you pay income tax are likely to be your country/countries of tax residence. If the child is a US citizen or holds a US passport or green card, the child will also be considered tax resident in the US even if they live outside the US.

If you have any questions on how to complete this form we recommend that you speak to your tax or legal adviser.
Tax Self-certification

Please complete child’s National Insurance Number (if applicable) in boxes

|   |   |   |   |   |   |   |   |

Is the child resident for tax purposes anywhere other than the UK?

- [ ] Yes
- [ ] No

If ‘Yes’, please list the country or countries in which the child is resident for tax purposes, together with any Tax Reference number(s)/Tax Identification Number(s) (“TIN”):

<table>
<thead>
<tr>
<th>Country/Countries of Tax Residence</th>
<th>Tax reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Signature

Date

D D M M Y Y Y Y

Please return to:

Zurich Portfolio Team
PO Box 1200
The Grange
Bishops Cleeve
Cheltenham
GL50 9UP

*Denotes a mandatory field
27 Authorisation of one-off adviser remuneration

If you have agreed with your adviser that you will pay them one-off adviser remuneration from your Zurich Portfolio you will need to complete this form. If you have more than one Zurich Portfolio a separate ‘Authorisation of one-off adviser remuneration’ form should be completed for each.

If you need more information about remuneration options (including one-off adviser remuneration) please talk to your adviser before you complete this form.

If you have agreed to pay your adviser any other remuneration type from your Zurich Portfolio, we will ask you to sign a different form to gain your authority.

Please complete the applicable section for each account you hold. If required, your adviser can help you to complete this form.

The way we ask for your authority may change in the future.

Please use blue or black ink and block capitals. Please check that this form is completed correctly and signed.

Notes on completing this form

All Zurich Portfolio holders must complete section 1. If the Zurich Portfolio is held jointly, then for question 1b, please use one box for each of you.

Please complete sections 2 to 6 as applicable, for all of the accounts that you hold within your Zurich Portfolio, including the Cash Account. If you tick question ‘a’ the rest of the section does not apply, and therefore, you can move to the next section that is applicable to you.

All Zurich Portfolio holders must complete section 7.

1. Your details

1a Zurich Portfolio number

1b Full names of Zurich Portfolio holders

2. Cash Account

2a I/We have not agreed for one-off adviser remuneration to be deducted from my/our Cash Account

or

2b I/We agree to the deduction from my/our Cash Account of:

An adviser remuneration payment of £

or

2c I/We agree to the deduction from my/our Cash Account of:

An adviser remuneration payment of % of the total value of the cash held in my/our Cash Account.

or

2d I/We agree to the deduction from my/our Cash Account of:

An adviser remuneration payment of % of the total value of the assets (including any cash) held in each of the accounts in my/our Zurich Portfolio.

3. Investment Account

3a I/We have not agreed for one-off adviser remuneration to be deducted from my/our Investment Account

or

3b I/We agree to the deduction from my/our Investment Account of:

An adviser remuneration payment of £

or

3c I/We agree to the deduction from my/our Investment Account of:

An adviser remuneration payment of % of the total value of the assets (including any cash) held in my/our Investment Account.
27 Authorisation of one-off adviser remuneration (continued)

4. Cash ISA

4a I have not agreed for one-off adviser remuneration to be deducted from my Cash ISA  

or

4b I agree to the deduction from my Cash ISA of:

An adviser remuneration payment of £

or

4c I agree to the deduction from my Cash ISA of:

An adviser remuneration payment of % of the total value of the cash held in my Cash ISA.

5. Stocks & Shares ISA

5a I have not agreed for one-off adviser remuneration to be deducted from my Stocks & Shares ISA

or

5b I agree to the deduction from my Stocks & Shares ISA of:

An adviser remuneration payment of £

or

5c I agree to the deduction from my Stocks & Shares ISA of:

An adviser remuneration payment of % of the total value of the assets (including any cash) held in my Stocks & Shares ISA.

6. Junior Stocks & Shares ISA

6a I have not agreed for one-off adviser remuneration to be deducted from my Junior Stocks & Shares ISA

or

6b I agree to the deduction from my Junior Stocks & Shares ISA of:

An adviser remuneration payment of £

or

6c I agree to the deduction from my Junior Stocks & Shares ISA of:

An adviser remuneration payment of % of the total value of the assets (including any cash) held in my Junior Stocks & Shares ISA.

7. Retirement Account

7a I have not agreed for one-off adviser remuneration to be deducted from my Retirement Account

or

7b I agree to the deduction from my Retirement Account of:

An adviser remuneration payment of £

or

7c I agree to the deduction from my Retirement Account of:

An adviser remuneration payment of % of the total value of the assets (including any cash) held in my Retirement Account.

8. Junior Retirement Account

8a I have not agreed for one-off adviser remuneration to be deducted from my Junior Retirement Account

or

8b I agree to the deduction from my Junior Retirement Account of:

An adviser remuneration payment of £

or

8c I agree to the deduction from my Junior Retirement Account of:

An adviser remuneration payment of % of the total value of the assets (including any cash) held in my Junior Retirement Account.
9. Declaration and authority

The declaration is made by each Zurich Portfolio holder who signs below.

a) I understand that I cannot cancel a deduction in respect of one-off adviser remuneration once it has been deducted from any of the accounts detailed on this form, and will need to contact my adviser to discuss whether a refund is payable in full or in part or not due.

b) I instruct Zurich to deduct the one-off adviser remuneration detailed in this form from the accounts within my Zurich Portfolio as shown and pay it to my adviser.

c) I confirm that one-off adviser remuneration deducted from the Retirement Account must only relate to pension advice given in respect of that account, and be in accordance with HMRC guidance, otherwise I understand that additional tax charges may be triggered.

d) If I need to amend any of the information in this form I will strike through the information to be changed and write the correct information next to it. I will sign (using my signature and not just my initials) next to the correct information to confirm my agreement to the change(s) made.

Signatures – all Zurich Portfolio holders must sign

Signature

Date

Print full name

Signature

Date

Print full name

Please send the completed form to:

Zurich Portfolio Team, PO Box 1200, Cheltenham, GL50 9UP.
28 Authorisation of adviser remuneration

If you have agreed with your adviser that you will pay them for their services from your Zurich Portfolio you will need to complete this form.

If you have more than one Zurich Portfolio a separate ‘Authorisation of adviser remuneration’ form should be completed for each.

The remuneration detail captured in this form must match the corresponding information that your adviser enters into the Zurich Intermediary Platform on your behalf.

Once this declaration is signed by you, any subsequent amendment must be countersigned and dated, prior to it being sent in to Zurich for action.

If there is any discrepancy between this form and the Portfolio submission detail, Zurich will potentially, be unable to facilitate payment of any remuneration to your adviser until accurate documentation is provided.

If you need more information about remuneration options (including the remuneration types in this form) please talk to your adviser before you complete this form.

Please complete the applicable section for each account you hold.

If required, your adviser can help you to complete this form.

The remuneration agreed must be within the firm’s remuneration limits on the platform.

If you have agreed to pay your adviser one-off remuneration, we will ask you to sign a different form to gain your authority.

The way we ask for your authority may change in the future.

Please use blue or black ink and block capitals. Please check that this form is completed correctly and signed.

Notes on completing this form

All Zurich Portfolio holders must complete section 1. If the Zurich Portfolio is held jointly, then for question ‘b’, please use one box for each of you.

Please complete sections 2 to 5 as applicable, for all of the accounts that you hold within your Zurich Portfolio.

If you tick option ‘a’ or ‘b’ the rest of the section does not apply, and therefore, you can move to the next section that is applicable to you.

Option ‘c’ within each section should only be completed if you have agreed an initial remuneration payment with your adviser. Within option ‘c’ in sections 3, 4 and 5 you can select remuneration on a payment and remuneration on a cash transfer. A cash transfer is a transfer into your account from another provider. A payment is any other form of payment into your account. Both or one of these options may be applicable to you.

All Zurich Portfolio holders must complete section 6. Please read the declaration and authority carefully.

If you hold a Zurich Portfolio jointly then you must both sign this form.
28 Authorisation of adviser remuneration (continued)

1. Your details

1a Zurich Portfolio number

1b Full names of Zurich Portfolio holders

2. Investment Account

2a I/We have not agreed for any adviser remuneration to be deducted from my/our Investment Account ☐
or

2b I/We are not making any changes to deductions from my/our Investment Account in respect of adviser remuneration at this time ☐
or

2c Initial remuneration

I/We have agreed for an initial remuneration payment of:

£__________ or %__________ of the payment of £__________ * to be deducted from my/our Investment Account.

* This is the estimated amount and the amount received could be higher or lower than this. Where you have agreed for an initial remuneration payment to be calculated as a percentage, this will be calculated as a percentage of the amount actually received.

Please note: If you are making multiple payments into your Investment Account and have agreed for initial remuneration to be deducted from your account in respect of these, a further ‘Authorisation of adviser remuneration’ form should be completed.

and/or

2d I/We have agreed for total regular initial adviser remuneration of £__________ to be deducted as amounts of £__________ at the frequency selected below.

☐ Deducted each month  ☐ Deducted each quarter

☐ Deducted each half year  ☐ Deducted as one payment each year

Please note: regular initial remuneration cannot be more frequent than your most frequent regular payment.

and/or

2e Ongoing remuneration

My/our adviser is providing me/us with an ongoing service and I/we have agreed that deductions in respect of ongoing remuneration can be made from my/our Investment Account as follows:

£__________ each year and deducted proportionately at the frequency selected below.

or

%__________ each year calculated daily based on the value of assets, including any cash, in my/our account and deducted at the frequency selected below.

☐ Deducted each month  ☐ Deducted each quarter

☐ Deducted each half year  ☐ Deducted as one payment each year

*Denotes a mandatory field
28 Authorisation of adviser remuneration (continued)

3. Cash ISA (if applicable)

3a I have not agreed for any adviser remuneration to be deducted from my Cash ISA

or

3b I am not making any changes to deductions from my Cash ISA in respect of adviser remuneration at this time

or

3c Initial remuneration

I have agreed for an initial remuneration payment of:

£___________ or ________% of the payment of £___________ * to be deducted from my Cash ISA this tax year.

and/or

£___________ or ________% of the payment of £___________ * to be deducted from my Cash ISA next tax year, after the cash is moved from my Cash Account to my Cash ISA.

and/or

I have agreed for an initial remuneration payment of:

£___________ or ________% of the cash transfer of £___________ * to be deducted from my Cash ISA this tax year.

* This is the estimated amount and the amount received could be higher or lower than this. Where you have agreed for an initial remuneration payment to be calculated as a percentage, this will be calculated as a percentage of the amount actually received.

Please note: If you are making multiple payments or cash transfers into your Cash ISA and have agreed for initial remuneration to be deducted from your account in respect of these, a further 'Authorisation of adviser remuneration' form should be completed.

and/or

3d I/We have agreed for total regular initial adviser remuneration of £___________

to be deducted as amounts of £___________ at the frequency selected below.

☐ Deducted each month
☐ Deducted each quarter
☐ Deducted each half year
☐ Deducted as one payment each year

Please note: regular initial remuneration cannot be more frequent than your most frequent regular payment.

and/or

3e Ongoing remuneration

My adviser is providing me with an ongoing service and I have agreed that deductions in respect of ongoing remuneration can be made from my Cash ISA as follows:

£___________ each year and deducted proportionately at the frequency selected below.

or

___________% each year calculated daily based on the value of assets, including any cash, in my account and deducted at the frequency selected below.

☐ Deducted each month
☐ Deducted each quarter
☐ Deducted each half year
☐ Deducted as one payment each year

3f Deduction of remuneration from your Investment Account

I would like the remuneration detailed in 3c and/or 3d, as applicable, to be deducted instead from my Investment Account

☐ Yes
☐ No

*Denotes a mandatory field
28 Authorisation of adviser remuneration (continued)

4. Stocks & Shares ISA (if applicable)

4a I have not agreed for any adviser remuneration to be deducted from my Stocks & Shares ISA  

or

4b I am not making any changes to deductions from my Stocks & Shares ISA in respect of adviser remuneration at this time  

or

4c Initial remuneration

I have agreed for an initial remuneration payment of:

£ or % of the payment of £ * to be deducted from my Stocks & Shares ISA this tax year.

and/or

£ or % of the payment of £ * to be deducted from my Stocks & Shares ISA next tax year after the cash is moved from my Cash Account to my Stocks & Shares ISA.

and/or

I have agreed for an initial remuneration payment of:

£ or % of the cash transfer of £ * to be deducted from my Stocks & Shares ISA this tax year.

*This is the estimated amount and the amount received could be higher or lower than this. Where you have agreed for an initial remuneration payment to be calculated as a percentage, this will be calculated as a percentage of the amount actually received.

Please note: If you are making multiple payments or cash transfers into your Stocks & Shares ISA and have agreed for initial remuneration to be deducted from your account in respect of these, a further ‘Authorisation of adviser remuneration’ form should be completed.

and/or

4d I/We have agreed for total regular initial adviser remuneration of £ to be deducted as amounts of £ at the frequency selected below.

Deducted each month

Deducted each quarter

Deducted each half year

Deducted as one payment each year

Please note: regular initial remuneration cannot be more frequent than your most frequent regular payment.

and/or

4e Ongoing remuneration

My adviser is providing me with an ongoing service and I have agreed that deductions in respect of ongoing remuneration can be made from my Stocks & Shares ISA as follows:

£ each year and deducted proportionately at the frequency selected below.

or

% each year calculated daily based on the value of assets, including any cash, in my account and deducted at the frequency selected below.

Deducted each month

Deducted each quarter

Deducted each half year

Deducted as one payment each year

4f Deduction of remuneration from your Investment Account

I would like the remuneration detailed in 4c and/or 4d, as applicable, to be deducted instead from my Investment Account  

Yes  No

*Denotes a mandatory field
5. Junior Stocks & Shares ISA (if applicable)

5a I have not agreed for any adviser remuneration to be deducted from my Junior Stocks & Shares ISA or

5b I am not making any changes to deductions from my Junior Stocks & Shares ISA in respect of adviser remuneration at this time or

5c Initial remuneration

I have agreed for an initial remuneration payment of:

\[
\begin{align*}
& \text{£ } \quad \text{or} \quad \% \quad \text{of the payment of } \text{£ } \quad \star \\
& \text{to be deducted from my Junior Stocks & Shares ISA this tax year.}
\end{align*}
\]

and/or

\[
\begin{align*}
& \text{£ } \quad \text{or} \quad \% \quad \text{of the payment of } \text{£ } \\
& \text{to be deducted from my Junior Stocks & Shares ISA next tax year after the cash is moved from my Cash Account to my Junior Stocks & Shares ISA.}
\end{align*}
\]

and/or

I have agreed for an initial remuneration payment of:

\[
\begin{align*}
& \text{£ } \quad \text{or} \quad \% \quad \text{of the cash transfer of } \text{£ } \\
& \text{to be deducted from my Junior Stocks & Shares ISA this tax year.}
\end{align*}
\]

*This is the estimated amount and the amount received could be higher or lower than this. Where you have agreed for an initial remuneration payment to be calculated as a percentage, this will be calculated as a percentage of the amount actually received.

Please note: If you are making multiple payments or cash transfers into your Junior Stocks & Shares ISA and have agreed for initial remuneration to be deducted from your account in respect of these, a further ‘Authorisation of adviser remuneration’ form should be completed.

and/or

5d I/We have agreed for total regular initial adviser remuneration of \( \text{£ } \) to be deducted as amounts of \( \text{£ } \) at the frequency selected below.

- [ ] Deducted each month
- [ ] Deducted each quarter
- [ ] Deducted as one payment each year

Please note: regular initial remuneration cannot be more frequent than your most frequent regular payment.

and/or

5e Ongoing remuneration

My adviser is providing me with an ongoing service and I have agreed that deductions in respect of ongoing remuneration can be made from my Junior Stocks & Shares ISA as follows:

\[
\begin{align*}
& \text{£ } \quad \text{each year and deducted proportionately at the frequency selected below.}
\end{align*}
\]

or

\[
\begin{align*}
& \% \quad \text{each year calculated daily based on the value of assets, including any cash, in my account and deducted at the frequency selected below.}
\end{align*}
\]

- [ ] Deducted each month
- [ ] Deducted each quarter
- [ ] Deducted as one payment each year

5f Deduction of remuneration from your Investment Account

I would like the remuneration detailed in 5c and/or 5d, as applicable, to be deducted instead from my Investment Account

- [ ] Yes
- [ ] No

*Denotes a mandatory field
28 Authorisation of adviser remuneration (continued)

6. Retirement Account (if applicable)

6a I have not agreed for any adviser remuneration to be deducted from my Retirement Account □

or

6b I am not making any changes to deductions from my Retirement Account in respect of adviser remuneration at this time □

or

6c Initial remuneration

I have agreed for an initial remuneration payment of:

£ or % of the payment of £ * to be deducted from my Retirement Account.

Where tax relief we claim is added to the payment, initial remuneration as a percentage will be based on the amount including the tax relief we claim.

and/or

I have agreed for an initial remuneration payment of:

£ or % of the cash transfer of £ * to be deducted from my Retirement Account

* This is the estimated amount and the amount received could be higher or lower than this. Where you have agreed for an initial remuneration payment to be calculated as a percentage, this will be calculated as a percentage of the amount actually received.

Please note: If you are making multiple payments or cash transfers into your Retirement Account and have agreed for initial remuneration to be deducted from your account in respect of these, a further ‘Authorisation of adviser remuneration’ form should be completed.

and/or

6d I/We have agreed for total regular initial adviser remuneration of £

... to be deducted as amounts of £ at the frequency selected below.

Deducted each month Deduced each quarter

Deducted each half year Deduced as one payment each year

Please note: regular initial remuneration cannot be more frequent than your most frequent regular payment.

and/or

6e Ongoing remuneration

My adviser is providing me with an ongoing service and I have agreed that deductions in respect of ongoing remuneration can be made from my Retirement Account as follows:

£ each year and deducted proportionately at the frequency selected below.

or

% each year calculated daily based on the value of assets, including any cash, in my account and deducted at the frequency selected below.

Deducted each month Deduced each quarter

Deducted each half year Deduced as one payment each year

*Denotes a mandatory field
28 Authorisation of adviser remuneration (continued)

7. Junior Retirement Account (if applicable)

7a I have not agreed for any adviser remuneration to be deducted from my Junior Retirement Account or

7b I am not making any changes to deductions from my Junior Retirement Account in respect of adviser remuneration at this time or

7c Initial remuneration

I have agreed for an initial remuneration payment of:

£___________ or ___________% of the payment of £___________ * to be deducted from my Junior Retirement Account.

Where tax relief we claim is added to the payment, initial remuneration as a percentage will be based on the amount including the tax relief we claim.

and/or

I have agreed for an initial remuneration payment of:

£___________ or ___________% of the cash transfer of £___________ * to be deducted from my Junior Retirement Account

* This is the estimated amount and the amount received could be higher or lower than this. Where you have agreed for an initial remuneration payment to be calculated as a percentage, this will be calculated as a percentage of the amount actually received.

Please note: If you are making multiple payments or cash transfers into your Junior Retirement Account and have agreed for initial remuneration to be deducted from your account in respect of these, a further ‘Authorisation of adviser remuneration’ form should be completed.

and/or

7d I/We have agreed for total regular initial adviser remuneration of £___________

to be deducted as amounts of £___________ at the frequency selected below.

☐ Deducted each month ☐ Deducted each quarter

☐ Deducted each half year ☐ Deducted as one payment each year

Please note: regular initial remuneration cannot be more frequent than your most frequent regular payment.

and/or

7e Ongoing remuneration

My adviser is providing me with an ongoing service and I have agreed that deductions in respect of ongoing remuneration can be made from my Junior Retirement Account as follows:

£___________ each year and deducted proportionately at the frequency selected below.

or

___________ % each year calculated daily based on the value of assets, including any cash, in my account and deducted at the frequency selected below.

☐ Deducted each month ☐ Deducted each quarter

☐ Deducted each half year ☐ Deducted as one payment each year

*Denotes a mandatory field
28 Authorisation of adviser remuneration (continued)

8. Declaration and authority

The declaration is made by each Zurich Portfolio holder who signs below.

a) I instruct Zurich to deduct the adviser remuneration detailed in this form from the accounts within my Zurich Portfolio as shown and pay it to my adviser.

b) I confirm that adviser remuneration deducted from the Retirement Account must only relate to pension advice given in respect of that account, and be in accordance with HMRC guidance, otherwise I understand that additional tax charges may be triggered.

c) I understand that:

- If I close an account or on the death of the last account holder, any ongoing remuneration amount due to my adviser up until the date Zurich processes the instruction from me or where appropriate from the legal personal representatives will be deducted from my account as soon as practicable. I understand that Zurich will not wait until the next regular deduction date to make the deduction.

- If ongoing remuneration is due on the 29th, 30th or 31st, then in the months that end before the due date, Zurich will deduct the remuneration on the last day of the month. Where the remuneration is due on a day other than a business day, Zurich will deduct it on the next business day.

- I cannot cancel a deduction in respect of remuneration once it has been deducted from any of the accounts detailed on this form, and will need to contact my adviser to discuss whether a refund is payable in full or in part or not due.

- I will need to complete a new form authorising any further initial remuneration or regular initial remuneration or increases to or changes in basis of (pound amount to percentage or percentage to pound amount) ongoing remuneration.

- If I send another instruction to Zurich authorising the deduction of ongoing adviser remuneration or regular initial remuneration then, once Zurich has processed this, it will supersede this instruction and I understand that Zurich will then carry out my new instructions at the next available opportunity.

d) If I need to amend any of the information in this form I will strike through the information to be changed and write the correct information next to it. I will sign (using my signature and not just my initials) next to the correct information to confirm my agreement to the change(s) made.

Signatures – all Zurich Portfolio holders must sign

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<thead>
<tr>
<th>Signature</th>
<th>Date D D M M Y Y Y</th>
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<tr>
<td>Print full name</td>
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<th>Signature</th>
<th>Date D D M M Y Y Y</th>
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<tbody>
<tr>
<td>Print full name</td>
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</table>

Please send the completed form to:

Zurich Portfolio Team, PO Box 1200, Cheltenham, GL50 9UP.
29 Nomination of beneficiaries form

This form is intended for use with the Retirement Saver and the Retirement Account, referred to as ‘plan’ throughout this form.

This form should not be submitted to us if your adviser is entering the details on the platform.

By completing and returning this form, you can inform the scheme administrator (Sterling ISA Managers Limited) about how you wish any death benefits to be paid, in accordance with the Trust Deed and Rules of Zurich Personal Pension (No. 1S) Scheme (the ‘scheme’). These set out the legal and regulatory basis on which the scheme is operated and require all dealings with your Retirement Account/Retirement Saver (the ‘plan’) to comply with HMRC rules and relevant pensions and tax legislation. A copy of the scheme rules is available from us on request.

Please note although your nomination will be given due consideration it is not binding and the scheme administrator will have discretion to decide how any death benefit is distributed.

You can change or revoke your nomination at any time.

You should consider what you wish to happen if the beneficiary (or one of the beneficiaries) dies before you, for example ‘my husband/wife but if he/she dies before me, to all my children who are living at the time of my death, in equal shares.’ Please write any instruction like this in the ‘Further instructions’ box.

You should review your nomination from time to time and when there is a change in your personal circumstances.

If you are taking drawdown pension, you should nominate one or more surviving dependant(s) if you wish to give them the choice of how to take death benefits (i.e. a lump sum subject to tax, or a dependant’s pension).

For details about the taxation of death benefits please refer to our ‘A guide to pension tax’.

Please complete all sections of this form that apply to you in BLOCK CAPITALS.

Your details
First name(s)
Surname
Plan number

Beneficiaries
Full name and address

<table>
<thead>
<tr>
<th>Town</th>
<th>Post code</th>
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<tr>
<td>Country</td>
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<th>Nationality</th>
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<tr>
<th>Date of birth</th>
<th>% share</th>
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<td>Full name and address</td>
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<th>Town</th>
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<th>Date of birth</th>
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<td>Full name and address</td>
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### Nomination of beneficiaries form (continued)

**Full name and address**

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<th>Town</th>
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**Full name and address**

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### Further instructions

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### Authorisation

I consent to the above information being held and processed by Sterling ISA Managers Limited for the purposes of distributing any death benefits to my nominated beneficiary(ies).

In the event of my death, I wish the scheme administrator to consider paying the beneficiaries above in the proportion(s) indicated. This form supersedes any earlier ‘Nomination of beneficiaries’ form I may have completed for this plan.

**Signature**

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Please complete the direct debit if you are making monthly payments

**Instruction to your bank or building society to pay by direct debit**

Please fill in the whole form, including the ‘OFFICIAL USE ONLY’ box using a ball point pen and send it to:

Zurich Portfolio Team  
PO Box 1200  
The Grange  
Bishops Cleeve  
Cheltenham  
GL50 9UP

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager

Bank/building society

Address

Post code

Reference (Sterling account number)

FOR Sterling ISA Managers Limited OFFICIAL USE ONLY

This is not part of the instruction to your bank or building society.

Please indicate in the box below which day of the month (1st – 28th inclusive) you want the direct debit to be collected from your account:

**Instruction to your bank or building society**

Please pay Sterling ISA Managers Limited direct debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with Sterling ISA Managers Limited and, if so, details will be passed electronically to my bank/building society.

Signature

Signature

Reference (Sterling account number)

Date D D M M Y Y Y Y

Banks and building societies may not accept direct debit instructions for some types of account.

This guarantee should be detached and retained by the payer.

**The direct debit guarantee**

- This guarantee is offered by all banks and building societies that accept instructions to pay direct debits.
- If there are any changes to the amount, date or frequency of your direct debit, Sterling ISA Managers Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Sterling ISA Managers Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your direct debit, by Sterling ISA Managers Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Sterling ISA Managers Limited asks you to.
- You can cancel a direct debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.
Zurich is a trading name of Sterling ISA Managers Limited. Sterling ISA Managers Limited, authorised and regulated by the Financial Conduct Authority. Registered in England and Wales under company number 02395416. Registered Office: The Grange, Bishops Cleeve, Cheltenham, GL52 8XX.

Zurich Life Assurance plc is authorised and regulated by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority for the conduct of insurance business in the UK. Registered office: Zurich House, Frascati Road, Blackrock, Co Dublin. Registered in Ireland under company number 58098.