

# Zurich Trustee Investment Plan

Additional single payment application form  
(for plans sold between July 2007 and May 2010)

Scheme name

Existing plan number

## Your application

The declaration applicable to your Zurich Trustee Investment Plan (the plan), also applies to this application.

The application is to be used by the trustees to make single payments from a registered pension scheme into the plan.

**Please complete this form in ink using blue or black BLOCK CAPITALS, tick where appropriate and return to: Zurich Retirement Services, PO Box 809, Bishops Cleeve, Cheltenham, Gloucestershire, GL52 8YR.**

A separate form is available for making withdrawals from this plan.

### Data Protection

Zurich Assurance Ltd (Zurich) is committed to ensuring that the way we collect, hold, use and share personal data and information about you complies fully with data protection legislation. At the outset of this contract, we shared a copy of our leaflet – 'Your privacy is important to us', with you. This explains how personal data will be used. If you don't have a copy of our leaflet or would like more information please ask your adviser.

## Payment details

Please make all cheques payable to Zurich Assurance Ltd.

Additional single payment

£

## Source of funds (to be completed if payment made by BACS or CHAPS)

The bank account used must be in the name of the trustee(s) of the scheme.

Name of bank

Name of account

Your reference

Account number/ Roll number

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Sort code (for GBP cheques only)

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Bank address

Postcode

### Source of wealth (to be completed in all cases)

Please state where the single payment has come from. Please tick or give details under 'Other'

- ☐ Member payments only
- ☐ Employer payments only
- ☐ Member and Employer payments
- ☐ Transfer from another registered scheme
- ☐ Other

Please complete this section

**This section must not be used only to change the mix of funds applicable to your existing investments. A switch/redirection form should be used for that purpose.**

For more information on the Zurich pension funds available to you, their objectives and any risks associated with them, please speak to your adviser. They will be able to provide you with a copy of 'Your choice of pension funds'.

**Note: You can choose up to a maximum of 20 funds.**

Single payment

Do you wish to invest the single payment in the same funds using the same percentages as in the original application? ☐ Yes ☐ No

If 'No', please show in the table below how you would like your additional single payment invested.

Fund selection

**Phased investment**

☐ Please tick if you require this option

If you choose the phased investment option you cannot select the 'money market' fund currently being used for phasing, and can only choose 19 other funds to invest in. For details of the 'money market' fund, please see 'Your choice of pension funds'.

You must make your choice in whole percentages adding up to 100%.

Please write the fund name(s) and percentage to be invested in each fund.

Fund name	Percentage
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

Adviser information

Your adviser must complete this section.

Adviser declaration

IMPORTANT NOTE: WE WILL ONLY PROCESS THIS APPLICATION IF ADVICE WAS GIVEN

Did you give advice in relation to this application? If no, we will not accept this application. ☐ Yes ☐ No

I confirm the client has been provided with key features relevant to this application. I confirm that this business has been solicited, sold and completed in the UK and that all persons involved in transacting this business are authorised and exempt persons as defined in the Financial Services and Markets Act 2000 and are permitted to conduct this business.

Adviser name

Firm

Financial Services Register number

FCA adviser reference number

Contact details (please provide your main contact details)

Mobile telephone no.

Work telephone no.

Home telephone no.

Adviser's signature

Date

Declaration

The declaration must be completed by the person you have notified in writing to Zurich as appointed by the trustees to sign and act on their behalf. Otherwise it must be completed and signed by all of the trustees.

If there are more than four trustees, details can be provided on a copy of this page.

We, the Trustees of the scheme:

- confirm that we are acting within the powers of the trust deed and rules of the scheme;
- confirm that the scheme is a registered pension scheme and that we shall notify Zurich immediately if registration is withdrawn;
- confirm that the benefits provided under the plan correspond to the liabilities of the scheme;
- confirm that we are not US nationals for US income tax purposes;
- confirm we have received and read the Data Protections leaflet – ‘Your privacy is important to us’ which explains how Zurich will look after our details and we consent to our data being used in the way described.

In order for Zurich to meet its legal obligations, we need to undertake a search with a credit reference agency for the purposes of verifying your identity. The credit reference agency will check the details you supply against any particulars on any database (public or otherwise) to which they have access. A record of the search will be retained by the credit reference agency. The credit reference agency will use these details in the future to assist other companies for verification purposes. Zurich will not be able to provide services in the absence of this verification taking place.

Trustee name (in full)  
Nationality  
Date

DDMMYYYY

Trustee signature

Trustee name (in full)  
Nationality  
Date

DDMMYYYY

Trustee signature

Trustee name (in full)  
Nationality  
Date

DDMMYYYY

Trustee signature

Trustee name (in full)  
Nationality  
Date

DDMMYYYY

Trustee signature

Corporate trustee

The person or persons signing on behalf of the corporate trustee confirm that he/she/they have appropriate authority to sign.

Signed on behalf of the corporate trustee by

Authorised signatory  
Name (in BLOCK CAPITALS)  
Date

DDMMYYYY

Authorised signatory  
Name (in BLOCK CAPITALS)  
Date

DDMMYYYY

## Confirmation of verification of identity certificate

### To be completed by the FCA regulated or EU regulated introducer

Please complete the certificate and complete a separate certificate for all parties to the contract (for example, joint applicants, trustees, attorneys and deputies, settlors and third parties where you have been required to undertake identification).

#### Name of applicant\*/trustee\*/third party\*/deputy\*/attorney\* (in full)

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please give details)

Surname

Full forename(s)

Nationality

Date of birth

D	D	M	M	Y	Y	Y	Y
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Address

Postcode

Previous address if moved in last 3 months

Postcode

Telephone

I/We certify that:

- a) the information above was obtained by me/us in relation to the customer;
- b) the evidence I/we have obtained to verify the identity of the customer either meets or exceeds the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG. Where the evidence obtained exceeds the standard evidence, for example high risk situations, copies of this evidence are attached.

This certificate cannot be used to verify the identity of any customer that falls into one of the following categories:

- Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
- Those who have been subject to Simplified Due Diligence under the Money Laundering Regulations, or
- Those whose identity has been verified using the 'source of funds' as evidence.

If you have not verified the identity of the applicant, please give reasons below.

Adviser name

Adviser code

Financial Services Register number

Address

Postcode

Telephone

#### Details of person completing this certificate

Name

Job title

Date

D	D	M	M	Y	Y	Y	Y
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Signature

\*Delete as applicable. Beneficial owners must also be identified if different from the applicants.

Note this certificate must be signed by an officer of the Introducer Firm who is authorised to confirm the accuracy and effectiveness of the firm's customer identification verification records to which this certificate relates.

Zurich cannot accept photocopies of completed certificates.

# Confirmation of verification of identity

## Corporate and other non-personal entity

Please complete the certificate and use a separate certificate for all parties to the contract (e.g. joint applicants, trustees, settlors, and third parties where you have been required to undertake identification).

You may use this form for all situations where you need to verify the identity of a non-individual entity (e.g. private and public corporations, partnerships, local authority, trusts, clubs, societies, religious groups etc).

### Introduction by a FCA regulated firm

#### 1. Details of customer

Full name of company/organisation

Type of entity (corporate, trust, club, etc)

Registered number, if any

Relevant company registry or regulated market listing authority

Location of business (full operating address)

Postcode

Registered office (in country of incorporation)

Postcode

#### Details of Directors (or equivalent)

Full Names	Date of birth	Nationality

#### Details of principal beneficial owners (over 25%)

Full Names	Date of birth	Nationality

Confirmation of verification of identity (continued)

2. Confirmation

I/we confirm that:

- a) The information in section 1 above was obtained by me/us in relation to the customer:
- b) the evidence I/we have obtained to verify the identity of the customer either meets or exceeds the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG. Where the evidence obtained exceeds the standard evidence, for example high risk situations, copies of this evidence are attached.

This certificate cannot be used to verify the identity of any customer that falls into one of the following categories:

- Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification:
- Those who have been subject to Simplified Due Diligence under the Money Laundering Regulations: or
- Those whose identity has been verified using the source of funds as evidence.

If you have not verified the identity of the applicant, please give reasons below:

Name

Position

Date

D

D

M

M

Y

Y

Y

Y

Signed

3. Details of introducing firm (or sole trader)

Full name of regulated firm or sole trader

Financial Services Register number

Relevant company registry includes Companies House, other registers, such as those maintained by charity commissions or chambers of commerce.  
Note, this certificate must be signed by an officer of the introducer firm who is authorised to confirm the accuracy and effectiveness of the firm’s customer identification verification records to which this certificate relates. We cannot accept photocopies of completed certificates.



Please let us know if you would like a copy of this in large print or braille, or on audiotape or CD.

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Telephone number 0345 850 8898

We may record or monitor calls to improve our service.