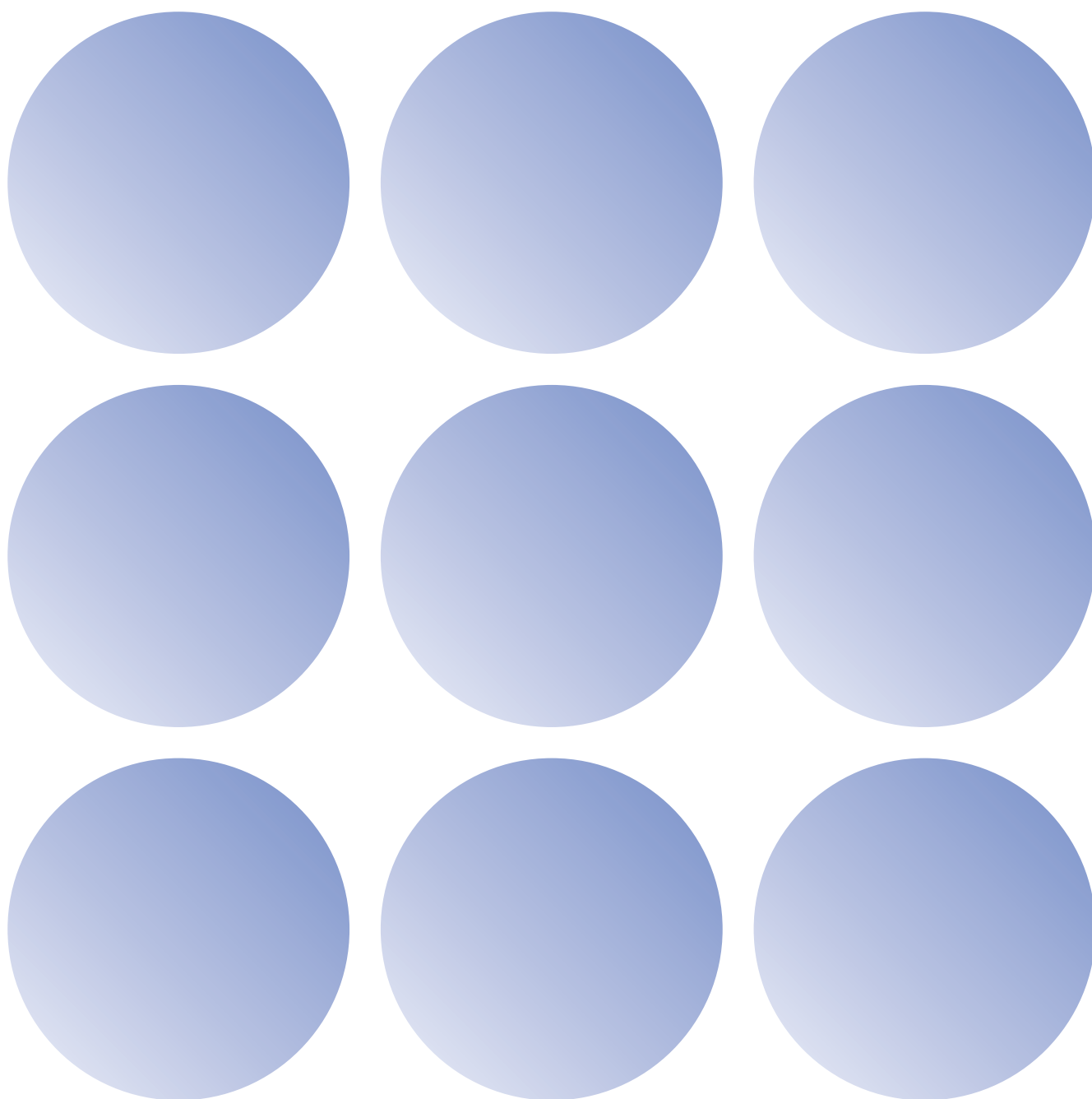


Zurich Trustee Investment Plan

Additional single/regular payments application form



Your application

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

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

Please complete this form in blue or black ink and return it to: Zurich Retirement Services, PO Box 809, Bishops Cleeve, Cheltenham, Gloucestershire, GL52 8YR.

Separate forms are available for making withdrawals from a future date, switching funds and redirecting regular payments.

Data Protection

Zurich Assurance Ltd (Zurich) is committed to ensuring that the way we collect, hold, use and share personal data and information complies fully with data protection legislation. At the outset of this contract, a copy of our leaflet 'Your privacy is important to us' was shared with you, as this explains how personal data will be used. A further copy of this leaflet can be obtained from your adviser.

How to fill in this form

The application form is divided into colour coded sections explained below. It is important that the appropriate sections are fully completed:



Essential

All these pages must be completed. Any pages not fully completed will cause delay or could result in the application form being returned.



Adviser

This is also essential information. Your adviser must complete this section.



Single/Regular

Please complete the relevant parts of this section. A direct debit form must be completed if you are making monthly or quarterly regular payments for the first time or if you wish to make yearly payments by direct debit for the first time.



Investments

Please complete the fund information if you are making additional payments. This section must NOT be used to change the mix of funds applicable to your existing investments. A fund switch form should be used for that purpose.



Regular withdrawals

Please complete this section if you require regular withdrawals from the plan.

Essential

It is essential that you provide the information requested. If you do not there will be a delay in setting up the additional payment to the plan.

About the scheme

Scheme name

Existing plan number

Adviser

Your adviser must complete this section

Adviser declaration

IMPORTANT NOTE. WE WILL ONLY PROCESS THIS APPLICATION IF YOU INDICATE ADVICE WAS GIVEN.

Please tick if you did not give advice in relation to this application ☐

If you do not tick you are indicating advice has been given

I confirm the client has been provided with key features relevant to this application. I confirm that 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.

Adviser's name

Financial Services Register individual reference number

Adviser's signature

Date

Adviser firm name

Financial Services Register number

Adviser must sign here

Single/Regular

Please complete details of any payments to be made into the plan. If you are making regular payments by direct debit for the first time, a direct debit must be completed. Monthly or quarterly payments must be made by direct debit. Yearly payments can be made by direct debit or by cheque. Single payments can be made by cheque or BACS or CHAPS (telegraphic transfer).

Payment details

Please make all cheques payable to Zurich Assurance Ltd.

Additional single payment £

Total regular payment £

If you're making regular payments to the plan for the first time please specify the payment frequency and start date

Please tick

Monthly ☐ Quarterly ☐ Yearly ☐

Day and month the first payment is to be made
(10 business days notice is required)

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Regular payments indexation

If payments are to increase automatically each year, the increase will be from the plan anniversary date. The indexation rate you choose below will apply to all of your regular payments.

Please select from one of the following options

Fixed rate increase (in a whole percentage up to 10%)

%

Average Earnings Index

Retail Prices Index

☐☐

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

Name of bank

Account number

--	--	--	--	--	--	--	--	--	--	--	--

Sort code

--	--	--	--	--	--

Name of account

Your reference

Bank Address

Postcode

Source of wealth (to be completed in all cases)

Please state where payments come from or give details under 'Other'

☐

Member payments only

☐

Employer payments only

☐

Member and Employer payments

☐

Transfer from another registered scheme

Other

If increasing regular payments insert the total regular payments including existing regular payments.

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

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



Please fill in the whole form using a ballpoint pen
and send it to:

Zurich Retirement Services, PO Box 809, Bishops Cleeve,
Cheltenham, Gloucestershire, GL52 8YR



Name(s) of account holder(s)

Originator's identification number

8	3	9	0	0	7
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Bank/Building society account number

--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--

To: The Manager

Name and full postal address of bank or
building society

Please complete in BLOCK CAPITALS

Reference number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Instruction to your bank or building society

Please pay Zurich Assurance Ltd 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
Zurich Assurance Ltd and, if so, details will be passed
electronically to my bank/building society.

Signature

Signature

Date

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

The direct debit guarantee

This guarantee should be detached and retained by the payer.

- 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, Zurich Assurance Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Zurich Assurance Ltd 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 Zurich Assurance Ltd 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 Zurich Assurance Ltd 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.



Investments

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 a full list of 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 a copy of 'Your choice of pension funds'.

Single payments

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 to be invested.

Regular payments

If you are already making regular payments, we will assume you wish to invest your total regular payments in the same funds using the same percentages.

If you wish to change your investment funds, please show in the table below how you would like your total regular payments to be invested.

Fund selection

Single payments

Total regular payments

Please make sure your total adds up to 100%

Total

100%

100%

Phased investment

☐

Please tick this box if you require phased investment for your single payment

Please note that phased investment is not available for regular payments or if you invest a single payment in the money market fund used for phasing. For details of this fund please see 'Your choice of pension funds'.

Complete this if you have already made a single payment into the plan

Complete this if you are already making a regular payments into the plan

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

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

Regular withdrawals

Please complete this section if you require regular withdrawals from the plan.

If you are taking regular withdrawals already, the monetary amount or the percentage and the payment date you choose here will apply to the whole plan.

Percentage withdrawals will each be a fixed percentage of the plan value at the time.

Regular withdrawals can only be started if the plan value is at least at our minimum level, currently £50,000. You can choose to take regular withdrawals as a monetary amount or as a percentage of the fund value.

The maximum regular withdrawal is the yearly equivalent of 7.5% of the plan value at the time the withdrawal is made. If a monetary amount you ask for exceeds the maximum at any time, we will reduce the payment to the maximum allowed.

If you want to take withdrawals as a monetary amount, please state the yearly amount to be paid

£

If you want to take withdrawals as a yearly percentage of the plan value, please state the percentage to be taken

%

How often do you want to receive a payment? (please tick)

☐

Every month

☐

Every 3 months

☐

Every 6 months

☐

Once a year

Date when withdrawals are to start

Unless you instruct us to make withdrawals from a specific fund or funds, we will cancel units in proportion to the value held in each fund. If you want to instruct us to make withdrawals from a specific fund or funds, please indicate below which fund(s) the withdrawal should come from.

Fund selection

Fund name

%

Total

%

The total must be 100%.

Payee details

☐

Please tick if the payee details are the same as those given under Source of funds

☐

Please tick if the payee details are the same as those given in any previous instruction to make withdrawals

If you have not ticked above, complete the details below

Name of bank

Account number

Sort code

Name of account

Your reference

Bank address

Postcode

The bank account used must be in the name of the trustee or the scheme

The declaration must be completed and signed by the person you have notified to Zurich in writing 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.

Declaration

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 will 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 have received and read the Data Protection leaflet – ‘Your privacy is important to us’ about how Zurich will look after our details and we consent to our data being used in the way described.

Trustee name (in full)	
Trustee signature	Nationality
	Date
Trustee name (in full)	
Trustee signature	Nationality
	Date
Trustee name (in full)	
Trustee signature	Nationality
	Date
Trustee name (in full)	
Trustee signature	Nationality
	Date

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	Authorised signatory
Name (in BLOCK CAPITALS)	Name (in BLOCK CAPITALS)
Date	Date

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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Registered in England and Wales under company number 02456671.
Registered Office: Unity Place, 1 Carfax Close, Swindon, SN1 1AP.
Telephone: 0345 850 8898

We may record or monitor calls to improve our service.

