

Application form

Investment Bond

Data Protection Notice

Zurich are committed to ensuring that the way we collect, hold, use and share information about you complies fully with the Data Protection Act 1998. Before completing this application you should read a copy of our leaflet – ‘Your privacy is important to us’, as this explains how your data will be used. Please tick the box to confirm you have a copy of this leaflet before answering any questions. If you haven’t got a copy of our leaflet or would like more information please ask your adviser.

Please complete all relevant boxes in black capitals or ✓ as appropriate. A dash is not acceptable. If the investment amount is currently held under an existing Trust, please complete an Investment Bond Trustee Investment Application Form instead.

Please note that Zurich do not accept applications submitted under a Power of Attorney.

Personal details

	Single/first life	Second life
1. Surname	<input type="text" value="Mr/Mrs/Miss/Ms"/>	<input type="text" value="Mr/Mrs/Miss/Ms"/>
2. Full forename(s)	<input type="text"/>	<input type="text"/>
3. Date of birth	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 4. Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 4. Male <input type="checkbox"/> Female <input type="checkbox"/>
5. Present address	<input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> Postcode <input type="text"/>
6. Home telephone number	<input type="text"/>	<input type="text"/>
7. Work telephone number	<input type="text"/> Extension <input type="text"/>	<input type="text"/> Extension <input type="text"/>

Always complete. Please provide details of the person to be assured (the life assured)

You do not need to fill in your work number if you do not want to

Applicant's details

	First applicant's details	Second applicant's details
1. Surname	<input type="text" value="Mr/Mrs/Miss/Ms"/>	<input type="text" value="Mr/Mrs/Miss/Ms"/>
2. Full forename(s)	<input type="text"/>	<input type="text"/>
3. Date of birth	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 4. Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 4. Male <input type="checkbox"/> Female <input type="checkbox"/>
5. Present address	<input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> Postcode <input type="text"/>
6. Home telephone no.	<input type="text"/>	<input type="text"/>
7. Work telephone no.	<input type="text"/> Extension <input type="text"/>	<input type="text"/> Extension <input type="text"/>

Only complete if the applicant is different to the life assured above

You do not need to fill in your work number if you do not want to

Investment details

How much do you wish to invest?

If this investment is to an existing contract, what is the Bond number?

The minimum investment for a new bond is £5,000 or £1,000 for an additional investment to an existing bond.

Make cheques payable to Zurich Assurance Ltd.

Source of investment

Each party to the contract must complete a separate source of investment section (e.g. joint applicants, trustees, settlors, Power of Attorney and third parties).

Please complete details of the account that this investment has come from.

Your name	<input type="text"/>
Name of account holder (s)	<input type="text"/>
Bank/Building Society Name	<input type="text"/>
Bank/Building Society Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

Where has the investment come from?

Please tick the appropriate box or use the 'Other' box to give details.

Income	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>
Savings	<input type="checkbox"/>
Property Sale	<input type="checkbox"/>
Other	<input type="text"/>

Other Details

These details must be completed in all cases.

Nationality	<input type="text"/>
Yearly salary (including overtime and bonuses)	£ <input type="text"/>
Occupation(s)	<input type="text"/>

Source of investment

The second party to the contract must complete the source of investment section below.

Please photocopy a blank source of investment section for any further parties and ensure they are completed and attached to the application.

Please complete details of the account that this investment has come from.

Your name	<input type="text"/>
Name of account holder (s)	<input type="text"/>
Bank/Building Society Name	<input type="text"/>
Bank/Building Society Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

Where has the investment come from?

Please tick the appropriate box or use the 'Other' box to give details.

Income	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>
Savings	<input type="checkbox"/>
Property Sale	<input type="checkbox"/>
Other	<input type="text"/>

Other Details

These details must be completed in all cases.

Nationality	<input type="text"/>
Yearly salary (including overtime and bonuses)	£ <input type="text"/>
Occupation(s)	<input type="text"/>

Declaration

I/We apply for 1000 separate and initially identical policies, each one initially representing 1/1000th of the investment as shown in this application.

I/We declare that I am/we are not a resident or citizen of the USA.

I/We declare that to the best of my knowledge and belief the statements made in this application are true.

I/We agree that any regular withdrawals requested from my/our Bond should be paid as indicated in this application.

A copy of the Investment Bond Conditions, or your completed application, is available on request.

Completion of this application does not guarantee acceptance.

Data Protection

I have read and understood the Data Protection Leaflet. I consent to:

- my personal data being used in the way described
- Zurich using a reference agency for identity verification and fraud checking purposes
- my personal details being used, passed to and shared with Zurich, the Zurich Group and any companies they become associated with, so that they can contact me (by mail, email, telephone or other appropriate means) about products, services or offers that they believe will be of interest to me. **If you do not want to be contacted in this way, please tick this box .**

I authorise those asked by Zurich to give such information on production of a copy of this consent.

Single/first applicant

Signature

Date

This form should not be signed under a Power of Attorney.

Second applicant (if applicable)

Signature

Date

This page is to be completed by the adviser

Product charging structures

Please tick the relevant box to show which bond option your client wishes to invest in. **Applications cannot be accepted without this information.**

No Exit Fee

L00235

Standard

L00236

No Initial Charge

L00237

Please tick the relevant commission terms required for the selected product. **If no commission option has been selected we pay initial commission only.**

1. Full initial commission **6.25%**

2. Full initial commission **6.25%** plus trail commission up to **0.75%***

3. Lower initial commission **4%** plus trail commission **0.5%**

If full initial plus trail option selected, please specify the percentage of trail commission required

 %

Please note that if you select the 'no exit fee' option together with commission options 1 or 2 then we will clawback a proportion of your commission if the Bond is cashed in during the first 3 years. See the Zurich commission guide for more details.

Other commission instructions, specifically any commission dealing. *(only initial commission can be sacrificed to enhance allocation rates. Trail commission cannot be sacrificed.* If you select the full initial commission plus trail commission option the fund based charge will be increased by 0.1% for every 0.1% of trail commission taken.)*

Adviser details

Your name

Name of IFA firm

FSA code

Address

IFA commission account ref. (if known)

IFA office/client reference (if needed)

Confirmation of verification of identity certificate



(to be completed by an FSA Regulated or EU Regulated Introducer)

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

Name of applicant*/trustee*/third party*/Power of Attorney (in full)

Title	Surname
Full forenames	

Date of birth

D	D	M	M	Y	Y	Y	Y
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Plan number to which this certificate relates:

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

Address

Postcode	
Telephone number	

Previous address if moved in last 3 months

Postcode	

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:

(tick one only)

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG: or

exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

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 whose identity has not been verified by virtue of the application of a permitted exemption 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, address and telephone number
Postcode
Telephone number

Adviser code

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FSA reference number

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Name of person completing this certificate

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Job title

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Signature

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Date

D	D	M	M	Y	Y	Y	Y
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* 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.

We cannot accept photocopies of completed certificates.

Please contact us or your adviser if you would like this in large print, Braille or on audio tape or CD.