

Adding a new paying entity

Completing this form

Please complete this form in English and in **CAPITAL** letters and email to: corporate.pensions@zurich.com.

1 New paying entity

Plan number

Plan name

New paying entity's name

Registered office address

Country of incorporation

Type of legal entity

Any trading names

Date of incorporation/registration/establishment

D	D	M	M	Y	Y	Y	Y
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Official identification number (e.g. tax identification number or registered charity number)

Is the company listed on a recognised stock exchange? If yes, please provide details

Principal place of business/operations (if different from registered address)

Mailing address (if different from registered address)

Name of regulator (if applicable)

2 New paying entity bank details

The account name should be the same as the paying entity.

Account holder

Name of bank

Address of bank

Account number

Sort code (UK banks only)

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ABA/routing number (US banks only)

SWIFT code

IBAN (**Note:** depending on your region, you may not need to use all the IBAN boxes)

Currency of payment

Please note Zurich International Life Limited reserves the right to refuse payment or make further checks on some countries from which a payment is being made. Before completing this form please contact the Zurich HelpPoint Corporate Team on +44 1624 691013 or +971 4363 4400 (for a national UAE call rate), for up to date information relating to the particular country you wish to make a payment from.

Please confirm how the new paying entity is legally connected to the existing sponsoring employer, including share percentages. Please attach a certified company structure/organisation chart to illustrate this (if available). If the new paying entity is not legally connected to the sponsoring employer please provide details here. Zurich may require further evidence to support the relationship.

Please confirm the reason we are adding this new paying entity to the plan. (Examples could include, adding a new location to the plan, change in payroll, etc.)

Please confirm the new paying entity’s nature of business, and how it interacts with the sponsoring employer during its business activities.

3 Directors of new paying entity

Please provide full names of all directors of the new paying entity. (If there is insufficient space, please provide details on a separate sheet of paper.)

4 Origin of wealth

What is the origin of the monies (regular and single contributions), which will be used to fund the plan? For example, company operating costs/profits. Zurich reserves the right to request supporting documentation evidencing the origin of the funds, e.g. a copy of your most recent reports and accounts, a letter from your accountant or previous provider.

5 General

1. Do you require additional access to Zurich International online (ZIO)?
If 'Yes' please complete the 'ZIO Plan administration' form. Yes No
2. Do you wish to add new signatories to the plan?
If 'Yes' please complete the 'Authorised signatory' form Yes No
3. Do you require a new location adding to the plan?
If 'Yes' we will contact you to discuss your requirements. Yes No

Note: on completion of sections 1 to 5 of this form; please email a copy of this form and a certified company structure chart showing the relationship between the new paying entity and the employer (if available) to corporate.pensions@zurich.com. Once the new paying entity's legal connection to the sponsoring employer has been established, we, or the trustee (if applicable) may require you to provide the following information listed in section 6 below.

6 Requirements for the new paying entity

Zurich or the trustee (if applicable) may require some of the following documents in relation to the new paying entity.

- Suitably certified certificate of incorporation or equivalent document.
- Suitably certified evidence of the registered office address.
- Suitably certified proof of identity (e.g. passport/national identity card) and proof of address for plan signatories and company directors.
- A suitably certified copy of the company's latest annual report and accounts.

If applicable the trustee will draw up the deed of adherence to be signed by the sponsoring employer and the new paying entity. Depending on the information provided we may ask for further details and documentation.

7 Data privacy notice

The personal information requested in this form is collected and used by us as Data Controller under applicable data protection laws. Full details of our data protection policy can be found at www.zurichinternational.com/im/legal/privacy.

8 Authorisation

This section should be signed by a director of the new paying entity.

I agree that all the information stated on this form is correct to the best of my knowledge.

Signature

Date

Name

8 Authorisation – duly authorised for and on behalf of the employer

This section should be signed in accordance with the plan's existing authorised signatory mandate held by Zurich International Life Limited.

I/We agree that all the information stated in this form is correct to the best of my knowledge.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name _____

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name _____

Zurich International Life Limited, Bahrain Branch, which is registered in Bahrain under Commercial Registration No. 17444 and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain.

Branch offices: 27th Floor, Almoayyed Tower, Seef District, Kingdom of Bahrain.
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Zurich International Life Limited, UAE Branch, which is registered (Registration No. 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE governed by such law.

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Zurich International Life Limited provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

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