

Zurich International online (ZIO)

Plan administrator form

Please use this form to set up new plan administrators/authorisers ensuring you tick the relevant role to be applied to each individual. If you wish to set up more new online administrators please use an additional form. Please email the completed form to: corporate.pensions@zurich.com.

Plan name			Plan number				Authorise transactions online ³		Authorise online leavers ⁴		Authorise online withdrawals ⁵		
Title	First name	Family name	Date of birth	Male / Female	Email address	Location ¹	APA ²	Yes	No	Yes	No	Yes	No
				<input type="checkbox"/> Male / <input type="checkbox"/> Female				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Male / <input type="checkbox"/> Female				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Male / <input type="checkbox"/> Female				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Male / <input type="checkbox"/> Female				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Male / <input type="checkbox"/> Female				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Male / <input type="checkbox"/> Female				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Male / <input type="checkbox"/> Female				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Male / <input type="checkbox"/> Female				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Male / <input type="checkbox"/> Female				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Male / <input type="checkbox"/> Female				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Male / <input type="checkbox"/> Female				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanatory notes

- ¹ If the administrator is to be limited by location, please provide. If there are multiple locations, please provide a list separately.
- ² If the administrator is to be able to view all locations and administer on behalf of the whole plan, they should be an APA (advanced plan administrator).
- ³ The online system allows two types of access. An administrator can be given access which will allow them to input a transaction but not authorise it. Alternatively, an administrator can be given access which will allow them to both input and authorise a transaction (new policy/new member/edit member details). If the second option is required, please select 'Yes'.
- ⁴ The administrator is able to authorise online leavers (if applicable to your plan).
- ⁵ The administrator is able to authorise online withdrawals (if applicable to your plan). The administrator has delegated authority to authorise withdrawals.

Number of authorisers for transaction:

Number of authorisers for online leavers:

Number of authorisers for online withdrawals:

PLEASE SIGN BELOW AS PER DETAILS GIVEN ON THE AUTHORISED SIGNATURE MANDATE DOCUMENT

We confirm that the details provided above are correct and that we have read and agree to the privacy statement and terms and conditions of use applying to the Zurich International online (ZIO) site. We acknowledge that the terms and conditions contain limitation and exclusion clauses and that the privacy statement and terms and conditions are subject to change and may be varied from time to time.

We confirm and acknowledge that it is our responsibility to advise you of any changes/removals to the list, which we will do immediately.

Signature

Print name

For and on behalf of (plan name)

Date signed

D	D	M	M	Y	Y	Y	Y
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Checked and matched (Zurich use only)

Signature

Print name

For and on behalf of (plan name)

Date signed

D	D	M	M	Y	Y	Y	Y
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