

Notification of leavers form and employer confirmation of residential address

1. Introduction

Please complete this form in English and **CAPITAL** letters and email to: corporate.pensions@zurich.com, or post to: Zurich Corporate Savings, Zurich International Life, PO BOX 67, Douglas, Isle of Man, IM99 1EF, British Isles.

Plan name

Plan number

Policy number(s)

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

Member's name

Please give details of any previous names used (including maiden name)

Member's address for correspondence

Personal email address

The above member left our employment on

D	D	M	M	Y	Y	Y	Y
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If the product charges are currently invoiced, should they be deducted from the units of the member's policy upon leaving employment?

Yes No N/A

Have all contributions been paid?

Yes No

If Yes, payment date of final contribution

D	D	M	M	Y	Y	Y	Y
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If No, expected date of final payment

D	D	M	M	Y	Y	Y	Y
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We confirm as employer, that the current residential address of the member is:

Current residential address

Authorised signatory

Date

D	D	M	M	Y	Y	Y	Y
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Print name

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