

# Withdrawal form

## Simplified AML Plans

Please use this form to request a withdrawal from your plan. You may refer to your member guide or plan administrator for details of your eligibility.

The Zurich Corporate HelpPoint team are available to provide you with information on your plan but are unable to offer tax or financial advice. The team can be contacted by phone on +44 1624 691013 (or 00 971 436 34400 if dialling from the Middle East), or by email at [corporate.pensions@zurich.com](mailto:corporate.pensions@zurich.com)

We recommend that you contact an independent financial adviser before requesting a withdrawal to ensure that taking money out of your plan is the right decision for you at this time.

You should complete this form in full using CAPITAL letters. Please refer to the Guidance notes on page 7 of this form for further information.

You may need to provide suitably certified documents as proof of your identity and current residential address. Please refer to our *Confirming your identity guide*, which can be found **here**. You will also need to provide a certified copy of documentation to evidence any previous name or alias if your name has changed through the life of your plan.

Your payment will be delayed if you do not complete all sections of this form, or do not provide all of the necessary documentation.

### 1. Withdrawal details

Plan name

Plan number

#### Full or partial withdrawals

Policy number(s)	Payment currency	Select one option for each policy		
		Full withdrawal	Amount	Percentage
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	or <input type="text"/>	or <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	or <input type="text"/>	or <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	or <input type="text"/>	or <input type="text"/> %

#### Regular withdrawal

Policy number(s)

Payment currency  Amount  Frequency

(monthly, quarterly, half yearly, yearly)

Note: monthly payments are only available in GBP via BACS to a UK or Channel Islands bank account

## 2. Personal details

Title

Family name

Forename(s)

Previous names or aliases  
(including maiden name)

Reason for name change  
(documentation may be required)

Date of birth

Country of birth  Place of birth (town or city)

Nationality(ies)

Current residential address

Correspondence address  
(if not your current residential address)

Personal email

Work email

Telephone number 

Country code	Area code	Number	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mobile number 

Country code	Area code	Number	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What is your preferred method of contact if we need to discuss your withdrawal with you?  Phone  Email

If applicable, please advise why your country of residence differs from either the country of your correspondence address or the country of any telephone number.

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### 3. Tax residence

Please provide details of all countries where you are a tax resident. If you cannot provide a tax reference number or functional equivalent please indicate which reason applies:

**Reason A** The country where you are tax resident does not issue a tax reference number

**Reason B** You are otherwise unable to obtain a tax reference number or equivalent number

Country of tax residence	Tax reference number	Reason A or B	Reason B only: please advise why you are unable to obtain a tax reference number
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>

### 4. US status

Are you a US tax payer?  Yes  No      Are you a US citizen?  Yes  No

### 5. Identification

**Did you leave employment with the employer more than 12 months ago?**  Yes  No

If 'Yes', please tick to confirm that you have attached the following to verify your identity and current residential address:

Suitably certified copy of your identification document

Original or suitably certified copy of proof of your current residential address

If 'No', has the employer confirmed your current residential address on page 6 of this form?  Yes  No

If 'No', please tick to confirm that you have attached an original or suitably certified copy of proof of your current residential address

**Does your name differ from the name we hold on record for you?**  Yes  No

If 'Yes', please tick to confirm you have attached a suitably certified copy of document evidencing name change



## 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](http://www.zurichinternational.com/im/legal/privacy).

## 8. Acknowledgement

By signing this form, you

- acknowledge that we, the employer of the plan from which benefits are to be paid (the Employer) and the trustee (if applicable) have no obligation to obtain, and have not obtained, any tax or other advice in relation to your individual position as a result of receiving the benefits;
- confirm you have taken appropriate independent tax advice;
- agree you have the sole responsibility for paying all liabilities, taxes and duties arising from the receipt of the benefits; and
- indemnify us, the Employer and the trustee (if applicable) against any claim brought in relation to such tax liabilities.

Your signature

Date

Print name

### What next?

- Review this form and ensure that you have completed all sections.
- If applicable, ensure the copy of your identification document, proof of your current residential address and any document evidencing a name change are suitably certified.
- Email the completed form and your documents to your plan administrator or to us:  
[corporate.pensions@zurich.com](mailto:corporate.pensions@zurich.com)

## To be completed by the plan authorised signatory/ies

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Plan member payroll reference (if applicable)

Date of starting employment

Date joining plan

Date of leaving employment

Please tick if the plan member is still employed

Member's current residential address

  
  

Have all contributions been paid? If 'Yes', payment date of final contribution

If 'No', expected date of final contribution

Please tick as applicable:

- The plan member has left the employment of the employer and that under the trust rules (if applicable) a benefit payment may be made to the plan member.
- The plan member may be given the benefit of the whole plan irrespective of the member ceasing to be in any employment with the employer before the end of the vesting period.

Plan authorised signatory

Date

Print name

Plan authorised signatory

Date

Print name

## To be completed by the trust company (when in trust)

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Signed for and on behalf of the trust company

Date

Print name

Signed for and on behalf of the trust company

Date

Print name

# Guidance notes

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In this form, 'we' means Zurich International Life Limited and 'you' means the plan member. 'Us', 'our' and 'your' should be construed accordingly.

## 1. Withdrawal details

Your plan name and number, as well as your policy numbers, may be found on ZIO <https://online.zurichinternationalsolutions.com>.

### Full or partial withdrawals

We are able to pay full and partial withdrawals in the following currencies: USD GBP AED AUD CHF EUR HKD JPY NOK SEK SGD. If you would like your payment to be made in a currency that is not listed, we will transfer the funds in the currency of your policy and ask the receiving bank to perform the currency conversion.

Please indicate whether you would like to make a full withdrawal or, in the case of a partial withdrawal, the amount or the percentage you would like to withdraw from each policy. Do not complete more than one withdrawal type.

### Regular withdrawals

Regular withdrawals are not available for all plans; please contact your plan administrator or the Zurich Corporate HelpPoint team for further details. If you wish to take a regular withdrawal, please refer to *Important information when taking regular withdrawals from your plan*, which may be found online [here](#) or contact us for a copy.

We are only able to pay regular withdrawals in the following currencies: USD GBP AED AUD CHF EUR HKD JPY NOK SEK SGD. If the currency of your account is not listed, please request your bank to perform the necessary currency conversion. Monthly regular withdrawals may only be made in GBP and by BACS. Regular withdrawals in other currencies may only be made quarterly, half yearly and annually.

## 2. Personal details

We will communicate with you using the contact details you have provided. We will use your preferred method of contact where possible.

## 3. Identification

You may need to provide suitably certified documents as proof of your **identity** and/or your **current residential address**. The information and signature on this form must match the documents provided. Any discrepancies will cause delays.

For a list of acceptable documents, and for further information on identification and certification requirements, please refer to our *Confirming your identity guide*, which can be found [here](#).

We may request further information or documentation if your payment is to be returned to the employer or to a third party (for example, another pension provider).

If your name differs from the name we hold on record for you (for example, if you have a previous name or alias), you should provide a certified copy of the document that reflects your name change, such as a marriage certificate or deed poll. The name we hold on record for you may be found on ZIO. Please contact the Zurich Corporate HelpPoint team if you need further guidance.

## 4. Tax residence

Automatic Exchange of Information is a standard through which tax authorities in different countries can routinely exchange information about financial accounts. The standards include but are not limited to the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS). Financial Institutions must identify and report any members receiving payments who are tax resident in other countries in accordance with these agreements.

We are required to comply with all relevant tax information exchange legislation. We have made every effort to ensure relevant information is collected on this form but we may need to request further information from you to complete this transaction.

If you do not have a tax reference number please provide a functional equivalent (such as your social security, national insurance, citizen, personal identification or a resident registration number).

If you are tax resident in more than three countries please use a separate sheet.

Please advise us if there are any changes of circumstance which affect your tax residency within 30 days of the change occurring.

## 5. US status

The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, American Samoa and the Northern Mariana Islands.

Please advise us if there are any changes of circumstance which affect your US Tax payor status within 30 days of the change occurring.

## 6. Payment details

Payments in GBP to a UK or Channel Islands bank account will be made by BACS. All other payments will be made by telegraphic transfer and a charge will be deducted from the amount paid.

The account name should be as it appears on your bank account and in the same name order.

If your payment needs to be routed through a correspondent bank, you should complete the correspondent bank section or attach a routing details information sheet issued by your bank.

All payments are subject to any applicable trade and economic sanctions.

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.

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