

Personal Pension

Application Form

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application.

1. FINANCIAL ADVISER DETAILS

Financial adviser name	<input type="text"/>																													
Financial adviser code	<input type="text"/>					Profile number Regular <input type="text"/> - <input type="text"/>										Lump sum <input type="text"/> - <input type="text"/>										Profile number <input type="text"/> - <input type="text"/>				

2. PRODUCT SELECTION

Please tick which product you require

Complete Solutions Personal 1 or Complete Solutions Personal Bond ☐ OR Complete Solutions Personal 2 ☐

3. ELIGIBILITY

- Are you self-employed or a partner acting in some trade, profession or occupation? Yes ☐ No ☐
Your self-employment, employment or occupation must be liable to tax under schedule D (case I or II) or E in the Republic of Ireland.
- Are you an employed person or the holder of an office of employment? Yes ☐ No ☐
If Yes, is one or more of your occupations non-pensionable? Yes ☐ No ☐
- Are you an Irish resident for tax purposes? Yes ☐ No ☐
- Please give policy numbers of any existing retirement contracts with Irish Life

4. PERSONAL DETAILS

Title (Mr/Mrs/Ms)	<input type="text"/>	First Name	<input type="text"/>																											
Initial (if applicable)	<input type="text"/>	Surname	<input type="text"/>																											
		Previous Surname (if any)	<input type="text"/>																											
Home address	<input type="text"/>																													
	<input type="text"/>																													
Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Male	<input type="radio"/>	Female	<input type="radio"/>																	
Marital Status	Single	<input type="radio"/>	Married	<input type="radio"/>	Separated	<input type="radio"/>	Divorced	<input type="radio"/>	Widowed	<input type="radio"/>																				
E-mail address (if applicable)	<input type="text"/>																													
Contact Phone Numbers	Home	<input type="text"/>	Mobile	<input type="text"/>																										
Chosen Retirement Age	<input type="text"/>	Must be between the ages of 60 and 75.																												

5. REGULAR CONTRIBUTION DETAILS

If regular contributions are being made please complete the following details

Start date of plan	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contribution Amount	€	<input type="text"/>	per Month	<input type="radio"/>	Quarter	<input type="radio"/>	Half year	<input type="radio"/>	Year	<input type="radio"/>
Do you want inflation protection?	Yes	<input type="radio"/>	No	<input type="radio"/>						
(Contributions will increase in line with inflation or a rate set by Irish Life (at present 5% p.a.) whichever is higher)										
How are regular payments to be made	Direct debit	<input type="radio"/>	Cheque	<input type="radio"/>						
Cheques for regular payments can only be made when payments are made on a yearly basis and exceed €3000.										
If direct debit payments chosen, what day of the month would you like direct debits taken? (1st to 28th of the month only)										



Irish Life

6. LUMP SUM

Lump Sum Contribution € (by cheque only)

7. FUND DETAILS

Please see your Fund Guide for a full list of available funds. You can split your investment between up to 10 funds

	%
Protected Consensus Markets Fund	<input type="text"/>
Core Fund	<input type="text"/>
Consensus Fund	<input type="text"/>
Global Cash Fund	<input type="text"/>
Indexed Euro Short Dated Bond Fund	<input type="text"/>
Indexed Euro Corporate Bond Fund	<input type="text"/>
Active Managed Fund	<input type="text"/>
Bloxham High Yield Fund	<input type="text"/>
Indexed Commodities Fund	<input type="text"/>
Indexed World Equities Fund	<input type="text"/>
UK Property Fund	<input type="text"/>
Fidelity EMEA Fund	<input type="text"/>
Fidelity India China Fund	<input type="text"/>

	%
Self-Invested Fund*	<input type="text"/>

*Please refer to Your guide to your Self-Invested Fund booklet for the minimum amount required to invest in a Self-Invested Fund. Please also complete a separate Investment Instruction Form.

Other Funds	%
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

All regular and lump sum contributions will be invested in this way. If you would like regular contributions to be invested as above and lump sum contributions to be invested differently, how would you like lump sums to be invested?

	%
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Lifestyling strategies are not available if you invest in the Self-invested fund or a property fund.

If you wish to avail of a Lifestyling Strategy, please complete:

Irish Life offers 3 Lifestyling Strategies below which gradually moves your chosen fund(s) into specific funds over the term of your plan. A detailed description of each Strategy is given in your product booklet. **You should ensure you are happy with the risk level of each fund in these Strategies.**

I am funding for an annuity at retirement through the Annuity Lifestyling Strategy ☐

I am funding for an ARF at retirement through the ARF Income Lifestyling Strategy ☐

I am funding for an ARF at retirement through the ARF Investment Lifestyling Strategy ☐

8. DIRECT MARKETING CONSENT (only to be completed if product is taken out through an Irish Life Financial Adviser or tied agent)

The information you give here will be used to process this application on computer. We may also use this information to send you details of other products from the companies within the Irish Life and Permanent Group (a financial services group mainly made up of life assurance, banking and personal finance companies). For this purpose, we may pass this information to the other companies within the group. If you do not wish to receive such Direct Marketing information please tick here ☐

The option to decline this service may be exercised any time in the future (even if you do not tick here) by simply writing to the Marketing Department, Irish Life, Lower Abbey Street, Dublin 1.

9. DECLARATION UNDER REGULATION 6(3) OF THE LIFE ASSURANCE (PROVISION OF INFORMATION) REGULATIONS (2001)

WARNING

If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or insurance intermediary. Please complete this section by ticking the appropriate box:

This policy does not replace an existing policy ☐ This policy does replace an existing policy ☐

Policy or Reference Number

Is this an Irish Life Policy Yes ☐ No ☐

Declaration of Intermediary

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001

Name of Client

(the client) has been provided with the information specified in Schedule 1 to those Regulations and that I have advised the client as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of intermediary:

On behalf of (company name)

Date

Declaration of Client

I confirm that I have received in writing the information specified in the above declaration.

Signed (signature of client)

Date

10. DECLARATION TO IRISH LIFE

I declare that all the answers to all the questions in this application form are in every respect true and correct. I hereby agree that the contract proposed between me and Irish Life Assurance plc will be based on this application and declaration. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 2 of Part 30 of the Taxes Consolidation Act 1997.

I authorise Irish Life Assurance plc (ILA) and its agents to hold and process information in connection with this contract or transaction. This includes any other information supplied to or obtained by ILA separately. ILA may hold and process this information for administrative, customer care and services purposes. I consent to Irish Life Assurance plc disclosing this information to persons necessary in connection with this contract or transactions including regulatory authorities, other companies in the Company's group, other insurance companies or as required by law.

I confirm that I have read and understood all parts of the above declaration.

Signature of Plan Owner

Date

11. DIRECT DEBIT MANDATE

Direct Debit

Note: If you want to pay payments through your bank or building society account you must fill in and sign this form. When you have signed this form please return to Irish Life Assurance plc, Lower Abbey Street, Dublin 1. Instructions cannot be accepted to charge direct debits to a deposit or savings account.

Name of bank/ building society

Address of bank/ building society

Account number Sorting Code - -

Account holders name(s)

I/we authorise you to pay direct debits from my account at the request of Irish Life Assurance plc. Irish Life assurance plc may add these direct debits to any other direct debit amounts which are payable within the same calendar month and for which I have signed direct debit forms. I will inform the bank in writing if I wish to cancel this instruction.

I understand that if any direct debit is paid which breaks the terms of this instruction, the bank will make a refund.

First Signature

Joint signature (if applicable)

Date

/ /

For completion by Irish Life

Due Dates / /

Every Month ☐ 3 Months ☐ 6 Months ☐ Year ☐

Cloas originators ID no. Originators reference -

(Policy No)

/

(Reference)

