



Complete Solutions Personal Retirement Bond

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.

Financial Adviser Name

Financial Adviser Code

Profile -

Please note that this form can be used for full paper applications or pages 1-4 can be used for data capture with pages 5-7 for signatures. If you submit the proposal electronically, please only send us the declarations section on pages 5-7. If you submit the proposal electronically and we receive the full application form, we will return the data capture section unchecked.

1. Personal Details

Title (Mr/Mrs/Ms etc)

First Name Initial (if applicable)

Surname

Date of Birth / / Age Next Birthday

Gender Male ☐ Female ☐

Relationship Status Single ☐ Married ☐ Registered Civil Partner ☐
Separated ☐ Divorced ☐ Widowed ☐

Country of Birth

Country of Nationality

Previous Surname (if any)

PPS Number -

Occupation

Country of Residence

Are you resident in Ireland for tax purposes? Yes ☐ No ☐

2. Contact Details

Address 1

Address 2

Address 3

County

Home Phone Number

Mobile Phone Number

Email Address (if applicable)

Your Plan Communication

How would you like to receive your plan communication from us? (for example, your welcome pack, letters and regular statements)

Please tick one option:

Online at www.irishlife.ie/myonlineservices ☐ By paper post ☐

We are obliged to establish country of birth and nationality to comply with anti-money laundering requirements

PPS number should contain 7 digits and 1 or 2 letters

If you do not choose an option we will assume you want to receive communications online at www.irishlife.ie/myonlineservices

You will be notified by text and email when communications are added to your account.

Your plan communications will be securely stored in your personal online account at www.irishlife.ie/myonlineservices

3. Employer Details

Is this a transfer from an existing PRB?

Yes ☐ No ☐

What is the original source of this payment?

Company pension scheme-DB ☐ Company pension scheme-DC ☐

Transfers from UK ☐ Transfers from other overseas ☐

Transferring scheme details: Date employment began

dd / mm / yyyy

Transferring scheme details: Date scheme service/employment ended

dd / mm / yyyy

Have you on your own, or with your spouse and/or minor children, directly or indirectly owned or controlled more than 5% or more than 20% of the voting rights of the employer.

Yes ☐ No ☐

This is not applicable if a 20% director

Salary at date of leaving employment (Please include the average of any fluctuating emoluments over the last 3 years of employment)

For 20% directors only. We need evidence of salary for example P60 or accountants report

Highest 3 consecutive salaries ending in the last 10 years

We will confirm the details of the existing PRB with the relevant life office from these details

4. Premium Details

Name of Life Office

Plan Reference

Value of employer contributions

€

Value of employee contributions

€

Value of AVC contributions

€

If we do not receive a breakdown of the contribution amount, we will treat it all as employer contributions. Retirement benefits will be updated accordingly

5. Benefit Details

Scheme normal retirement age

Do the rules of the scheme allow the member/customer to avail of ARF/AMRF options?

Yes ☐ No ☐

Name of trustees of Originating Pension Scheme

Name of Original Employer

Is there a Pension Adjustment Order (PAO) granted against this contribution?

Yes ☐ No ☐

Does any of this single contribution relate to more than one previous pension scheme?

Yes ☐ No ☐

Date previous employment began

dd / mm / yyyy

Date previous employment ended

dd / mm / yyyy

Final salary details

€

Employer

€

Employee

€

AVC

€

Total

€

6. Fund Details

You can split your investment between up to 10 funds. Please make sure that the percentages add up to 100%.

Global Cash Fund	<input type="text"/>	%
Multi Asset Portfolio Fund 2	<input type="text"/>	%
Multi Asset Portfolio Fund 3	<input type="text"/>	%
Multi Asset Portfolio Fund 4	<input type="text"/>	%
Multi Asset Portfolio Fund 5	<input type="text"/>	%
Multi Asset Portfolio Fund 6	<input type="text"/>	%
Strategic Asset Return Fund	<input type="text"/>	%
Protected Consensus Markets Fund	<input type="text"/>	%
Self-Invested Fund	<input type="text"/>	%

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"/>	%

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 ARF at retirement through the ARF Lifestyling Strategy ☐

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

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

7. Revenue Details

Name of Pension Scheme	<input type="text"/>
	<input type="text"/>

Revenue Reference Number	<input type="text"/>
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Pension Board Registration Number	<input type="text"/>
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Is the PRB to pay for a retirement lump sum? Yes ☐ No ☐

Is spouse/civil partners pension after death to be provided? Yes ☐ No ☐

Does the member/customer have any pension benefits from current or previous employment? Yes ☐ No ☐

If Yes, please provide further details

<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.

Please read your Fund Guide for a full list of the funds available.

The risk level and volatility rating of a fund can change from time to time. Please visit our website www.irishlife.ie/myonlineservices to see the most up-to-date fund information.

Self Invested Funds Trade Confirmation are only available online

Has the member/customer received any pension benefits on leaving any employment?

Yes ☐

No ☐

If Yes, please provide further details



Complete Solutions Personal Retirement Bond - Declarations and Consents

We need this information to match the declaration section to your electronic application

Financial Adviser

Proposal Number

Customer Name

If you submit this proposal electronically up you should only send us this section.

A. Declaration under Regulation 6(3) of the Life Assurance (Provision of Information) Regulations 2001

Only to be completed if contribution is a transfer from another Personal Retirement Bond

WARNING

If you propose to take out this plan in complete or partial replacement of an existing plan, please take special care to satisfy yourself that this plan meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing plan. If you are in doubt about this, please contact your insurer or Financial Adviser.

Ref. Plan Number

Please complete this section by ticking the appropriate box:

Yes, this plan is replacing an Irish Life, Canada Life or Progressive Life plan

☐

Yes, this plan is replacing a plan from another life company

☐

Declaration of Insurer/Financial Adviser

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

(Customer name and address)

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



Please sign and date

Signature of Financial Adviser

X

Date

Declaration of Customer

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



Please sign and date

Signature of Customer

X

Date

I consent to Irish Life Assurance plc (Irish Life)

B. Disclosing my personal data to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to other companies in the Irish Life Group or the Great-West Lifeco Group, and to any person to whom the plan may be assigned. This may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area.

C. Delegated Authority to Complete Online Application (if applicable)

I/we acknowledge that a record of the application will be sent to me and agree to notify Irish Life should

- ## D. Trustee Declaration

I/we declare that the information given in this application form (online or otherwise) is complete and correct and request that a Personal Retirement Bond (PRB) be issued in the name of the member in accordance with the details set out above.

- The pension scheme is (or is intended to be) exempt approved for the purposes of the Taxes Consolidation Act 1997.
- The plan documentation empowers the trustees to purchase the PRB for the member instead of the benefits for or in respect of the member under the plan.

I/we consent to any future endorsements that may be required to allow a switch between any versions under the plan even though such switches may not now be possible under the current terms of the policy.

I/we acknowledge that Irish Life Assurance plc will provide only the benefits purchased under these bonds and will accept no further responsibilities in relation to the member and his/her dependents.

I/we declare that the member shall be entitled to request a transfer payment in accordance with the terms of the PRB, to another scheme instead of the provision of benefits under the PRB.

Duly authorised to sign for and on behalf of the trustees.

Name

[illegible]

Signature

X

Date _____

dd / mm / yyyy

E. Member/Customer Declaration to Irish Life

I declare that all the answers to all the questions in this application form (online or otherwise) are in every respect true and correct. I hereby agree that the contract proposed with Irish Life Assurance plc will be based on this application form (online or otherwise) and declaration. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997.

I confirm that I have read and understood all the above declarations.



Please sign and date

Member/Customer Signature

X

Date

dd / mm / yyyy

