



SIGNATURE

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 1-6 can be used for data capture with pages 7-8 for signatures. If you submit the proposal electronically, please only send us the declarations section on pages 7-8. If you submit the proposal electronically and we receive the full application, we will return the data capture section unchecked.

1. Product Selection

Please tick which product you require:

Signature Bond ☐

Or

Signature Bond 2 ☐

2. Plan Owner Details (as applicable)

2(a). Personal Plan Owner 1

Title (Mr/Mrs/Ms etc)

First Name

Initial

Last Name

Date of Birth dd / mm / yyyy

Age Next Birthday

Gender Male ☐ Female ☐

Country of Birth

Nationality

Precise Occupation

PPS Number

Are you resident in the U.S. for tax purposes or are you a U.S. citizen? Yes ☐ No ☐

If yes, then please provide Taxpayer Identification Number

Address 1*

Address 2

Address 3

County

Home Number

Mobile Number

Email Address

**If you choose to receive plan communications by paper post, the address of the 1st plan owner will be used for this purpose.*

We are obliged to establish Country of Nationality to comply with Anti Money Laundering requirements

PPS number should contain 7 digits and 1 or 2 letters

2(b). Personal Plan Owner 2

Title (Mr/Mrs/Ms etc)

First Name Initial

Last Name

Date of Birth / / Age Next Birthday

Gender Male ☐ Female ☐

Country of Birth

Nationality

Precise Occupation

PPS Number -

Are you resident in the U.S. for tax purposes or are you a U.S. citizen? Yes ☐ No ☐

If yes, then please provide Taxpayer Identification Number

Address 1

Address 2

Address 3

County

Home Number

Mobile Number

Email Address

We are obliged to establish
Country of Nationality to
comply with Anti Money
Laundering requirements

PPS number should contain
7 digits and 1 or 2 letters

2(c). Controlling Interest other than Personal Plan Owner

Are you taking out this plan on your own behalf? Yes ☐ No ☐

If not, please fill in the following details:

Name of other party

Relationship or connection to you

Are any of the Controlling Persons of this entity resident for tax purposes in the U.S. or are they a U.S. citizen? Yes ☐ No ☐

2(d). Irish Life Trust

Is this plan issued in Trust with Irish Life? Yes ☐ No ☐

If yes, has the appropriate Irish Life Trust form been completed? Yes ☐ No ☐

If yes, please provide the following details:

Date of Deed / /

Title of Appointer (Mr/Mrs/Ms etc)

First Name of Appointer

Last Name of Appointer

Address 1

Address 2

Address 3

County

Contact Number

Are they resident in the U.S. for tax purposes or are they a U.S. citizen? Yes ☐ No ☐

If yes, then please provide their Taxpayer Identification Number

2(e). Company Plan Owner

Registered Name

Trading Name (if any)

What Type of Company/Entity is this

Tax Number -

Address 1

Address 2

Address 3

Does not apply where the company is a Registered Irish Pension Fund or Registered Irish Charity.

County	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>
Is the entity resident in the U.S. for tax purposes? Yes <input type="radio"/> No <input type="radio"/>	
Where answered 'Yes', if the company is a non financial institution then please provide Taxpayer Identification Number	<input type="text"/>
Where answered 'Yes', if the company is a financial institution then please state your GIIN number if available	<input type="text"/>
Names of Shareholders with 25% or more shareholding (if any)	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Are any of the Controlling Persons of this entity resident for tax purposes in the U.S. or are they a U.S. citizen? Yes <input type="radio"/> No <input type="radio"/>	

2(f). Other Plan Owner Type (Trust/Charity etc)

Type of Owner	<input type="text"/>
Plan Owner Name	<input type="text"/>
Tax Number	<input type="text"/> - <input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Address 3	<input type="text"/>
County	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>
Trustee/Authorised Signatory Names:	<input type="text"/>
Are you resident in the U.S. for tax purposes or are you a U.S. citizen? Yes <input type="radio"/> No <input type="radio"/>	
If yes, then please provide Taxpayer Identification Number	<input type="text"/>

3. Life Assured Details (if different from Plan Owner)

3(a). Life Assured 1

Title (Mr/Mrs/Ms etc)	<input type="text"/>	
First Name	<input type="text"/>	Initial <input type="text"/>
Last Name	<input type="text"/>	
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Age Next Birthday <input type="text"/>
Gender	Male <input type="radio"/> Female <input type="radio"/>	
Address 1	<input type="text"/>	
Address 2	<input type="text"/>	
Address 3	<input type="text"/>	
County	<input type="text"/>	
Is this person resident in the U.S. for tax purposes or are they a U.S. citizen?		Yes <input type="radio"/> No <input type="radio"/>
If yes, then please provide Taxpayer Identification Number		<input type="text"/>

3(b). Life Assured 2

Title (Mr/Mrs/Ms etc)	<input type="text"/>	
First Name	<input type="text"/>	Initial <input type="text"/>
Last Name	<input type="text"/>	
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Age Next Birthday <input type="text"/>

Gender Male ☐ Female ☐

Address 1

Address 2

Address 3

County

Is this person resident in the U.S. for tax purposes or are they a U.S. citizen? Yes ☐ No ☐

If yes, then please provide Taxpayer Identification Number

Only fill in the following
if you want an automatic
withdrawal

4. Automatic Regular Withdrawal

You can take a regular withdrawal every month, three months, six months or 12 months. You may take a gross withdrawal (before tax) of between 4% and 8% each year. There is a maximum of 4% withdrawal each year before tax on the UK Property Funds and Irish Property Funds. If the fund grows, on average, at a lower rate, it may reduce your original investment. The smallest amount of withdrawal you can take is €150 every payment.

Amount € each year or
 % each year

Withdrawal paid every Months

Please say which bank or building society you want us to pay the withdrawal to. I give you permission to pay each instalment of withdrawal, as it becomes due, to the following bank or building society.

Customer (Debtor) Name

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

We can only pay regular
withdrawals into your
personal bank account

5. Source of Funds

Personal cheque from proposer(s) bank account ☐ 3rd Party Cheque ☐ Bank Draft ☐

Please give details of account drawn from (If bank draft, fill in details of your personal bank account from which the draft is drawn)

Customer (Debtor) Name

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

Or

Proceeds of an existing Irish Life or Progressive Life or Canada Life Plan ☐

Existing plan number

Bank drafts may not be
drawn from a 3rd party
account or from cash

6. Source of Wealth

Please tick the relevant box(es) and indicate the source of your investment amount.

1. Salary, bonus or regular savings ☐
2. Early retirement or redundancy payment ☐
3. Proceeds from the sale of investments or other assets ☐
4. Proceeds from the maturity/encashment of Irish Life plan ☐
5. Proceeds from the maturity/encashment of a plan with another life assurance company ☐
6. Inheritance ☐
7. Windfall/compensation payments ☐
8. Other (give details)

7. Fund details

Would you like to use the auto start service

Yes ☐ No ☐

Amount to invest

€

Funds

Multi Asset Portfolio Fund 2

%

Multi Asset Portfolio Fund 3

%

Multi Asset Portfolio Fund 4

%

Multi Asset Portfolio Fund 5

%

Multi Asset Portfolio Fund 6

%

Strategic Asset Return Fund

%

Other Funds

%

%

%

%

%

%

8. Fund Switch Authority

If your plan is jointly owned, please tick this box to allow either owner the authority to switch funds ☐

Please refer to relevant Fund Guide for the full range of funds available on this plan.

9. Your Plan Communications

How would you like to receive your planned communications from us? (Welcome packs, letters and regular statements)

Please tick one option:

Online ☐

By paper post ☐

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

You will be notified by text and email when communications are added to your account (using the contact details provided under section 2).

If you do not choose an option we will assume you want to receive communications by paper post which will be sent to the first Plan Owner's address.

The current government levy on life assurance products is 1%

We will pay this out of the money received from you

If other funds please give details

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.





SIGNATURE - DECLARATION AND CONSENTS

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

Financial Adviser Name

Proposal Number

Name of Applicant (Proposer / Plan owner) 1

Name of Applicant (Proposer / Plan owner) 2

Important Information

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

If you and your Financial Adviser have chosen to use this form for Data Capture to later complete an online application to Irish Life, you should only send us this Declaration section. The Data Capture section will be retained by your Financial Adviser and not passed to Irish Life. The Declarations section of this form and the information recorded in your online application will constitute your application to Irish Life.

Note: In this declaration words referring to the singular also include the plural as applicable (e.g. "I" includes "we" and "me" includes "us").

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

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 insurance 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 ☐

No, this plan is not replacing another plan ☐

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's name

Address

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.



Signature of Financial Adviser Date

Please sign and date

Declaration of Client:

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



Signature of Proposer 1

Please sign and date

Date



Signature of Proposer 2 (where applicable)

Please sign and date (where applicable)

Date

Please note: If you are signing on behalf of a company you should precede your signature with "for and on behalf of the company name".

B. Data Consents

I consent to Irish Life Assurance plc:

- a) Processing and holding (online or otherwise) all information disclosed by me, or on my behalf, including personal data for the purposes of processing my application, issuing and administering all aspects of the plan, customer care and services purposes.
- 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.

I understand I have the right to access, update and rectify my personal details by writing to the customer service team at Irish Life, Irish Life Centre, Lower Abbey Street, Dublin 1.

C. Declaration

I acknowledge and understand that my investment will not begin until Irish Life Assurance plc has received and accepted a fully completed application form (online or otherwise), any other documentation or information requested and the first plan payment.

I understand that if I have used the application form for Data Capture in order for the application to be later completed online by my Financial Adviser, that the data capture section (pages 1 to 6) will be retained by my Financial Adviser and not passed to Irish Life.

I acknowledge that a printed record of the online application will be sent to me and agree to notify Irish Life, in writing, if:

- I do not receive the printed record
- Any information in this record is false, incorrect or incomplete

I confirm I have read and understood the contents of the application, plan booklet, terms and conditions and customer information notice. I understand that this declaration together with the other declarations and consents I have given in this application is my application and will form the basis of any contract accepted by Irish Life Assurance plc. I understand and agree that my contract with Irish Life Assurance plc will be based on:

- The declarations and consents in this application
- All personal details given by me, and which will be recorded and sent to me on my Plan Schedule
- The plan terms and conditions
- Payment by me of the agreed premium(s)

If I have answered 'no' to the FATCA questions in this application then by signing this form I confirm that there are no US citizens or residents in the US for tax purposes connected with this plan.



Please sign and date

Signature of Proposer 1

X

Date

dd / mm / yyyy



Please sign and date

Signature of Proposer 2

X

Date

dd / mm / yyyy

Please note: If you are signing on behalf of a company you should precede your signature with "for and on behalf of company name".

Information is correct as of 01/07/2014 and is subject to change.

