

Personal Investment

Please read each question carefully before you answer it. Use CAPITAL LETTERS throughout

This product is provided	by Irish Life Assurance plc.	
Financial adviser name		
> Financial adviser code		
Profile		
1(a). First Propo	er Personal Details	
Title (Mr/Mrs/Ms etc)		
First Name	Initial (if applicable)	
Surname		
Date of Birth	d d / mm / y y y y Age Next Birthday	
Gender	Male Female	
Address		
Contact phone numbers	Mobile	
	Home	
	Work	
Email address (if applicable)		
Relationship Status	Single Married Registered Civil Partner	
	Separated Divorced Widowed	
> Country of Nationality		
Previous Surname (if any)		
Occupation		
> Country of Residence		
,		
1(b). Second Pro	poser Personal Details	
Title (Mr/Mrs/Ms etc)		
First Name	Initial (if applicable)	
Surname		
Date of Birth	d d / m m / y y y y Age Next Birthday	

We are obliged to establish country of nationality to comply with money laundering requirements

We are obliged to establish tax residency to comply with Anti Money Laundering requirements

Gender

Address

Contact phone numbers

Email address (if applicable)

Male

Mobile Home Work Female

We are obliged to establish country of nationality to comply with money laundering requirements

We are obliged to establish tax residency to comply with Anti Money Laundering requirements

Relationship Status	Single	Married	Registered Civil Partner	
	Separated	Divorced	Widowed	
> Country of Nationality				
Previous Surname (if any)				
Occupation				
> Country of Residence				

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

By paper post

We will assume that you are taking out this plan on your own behalf and for your own benefit unless you tell us otherwise. If this is not the case, please fill in the following details

Name of other Party

Relationship or other connection to you (if any)

1(c). First Life Assured (if different to proposer)

Title (Mr/Mrs/Ms etc)		
First Name		Initial (if applicable)
Surname		
Date of Birth	dd/mm/yyyy	Age Next Birthday
Gender	Male Female	

1(d). Second Life Assured (if different to proposer)

Title (Mr/Mrs/Ms etc)	
First Name	Initial (if applicable)
Surname	
Date of Birth	dd/mm/yyyy Age Next Birthday
Gender	Male Female

Note: If the life assured is different from the plan owner (proposer) this section must be completed.

Only fill in the following if you want an automatic withdrawal

2. 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 Property Portfolio, Eurasia Property, Eurasia Property Plus and UK 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.

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

We can only pay a monthly withdrawal into a bank account.

Amount € each year or % each year or 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.

Bank name

Address			_									L					_		4		_	4	 _
												<u> </u>	<u></u>					<u>_</u>		<u> </u>	<u> </u>		
					<u> </u>																		
Account number					<u></u>																		
Sort code					$\frac{\perp}{\perp}$								1										
Name of account																							
2.6																							
3. Source of Fundamental Sersonal cheque from proposer		ınk a	acco	unt	(3r	d Pa	artv	Che	eau	ıe (
Direct Debit from proposer(s) b										EF		('	`			В	ank	Dra	aft		
Please give details of account																							
Name of Bank																				T	T		
Address of Bank					1															1	+		
			i		T							T	T						Ì	T	T		Ì
Account holder's name																							
Account holder's number																							
)												
Encashment/Maturity proceeds Other (eg Employer's Payroll sc						ey or	der	etc)))												
Encashment/Maturity proceeds Other (eg Employer's Payroll sc						ey or	rder	etc)))												
Encashment/Maturity proceeds Other (eg Employer's Payroll sc						ey or	rder	etc))												
Or Encashment/Maturity proceeds Other (eg Employer's Payroll so Please give details						ey or	rder	etc)															
Encashment/Maturity proceeds Other (eg Employer's Payroll sc						ey or	rder	etc)															
Encashment/Maturity proceeds Other (eg Employer's Payroll sc	heme	Po				ey or	rder	etc)															
Encashment/Maturity proceeds Other (eg Employer's Payroll so Please give details 4. Source of Wea To comply with the current Ant ask you about the original source	alth i Mon	e, Po	stal	or N	Mond	and Te	error	rist F	īinai		_												
Comply with the current Ant ask you about the original source of your investment amounts.	ulth i Mon	e, Po	stal	or N	Mond	and Te	error	rist F	īinai		_												
Encashment/Maturity proceeds Other (eg Employer's Payroll so Please give details	i Monce of y	l leyla	stal aunc	or M	Mond	and Te	error	rist F	īinai		_						lev	ant					
Comply with the current Ant ask you about the original source of your investment and 1. Salary, bonus or regular sav	i Monce of y unt.	eyla loeyla	stal aunc wea	or M	ng ar	nd Te	erron	rist F	īinai		_						lev	ant					
Comply with the current Ant ask you about the original source of your investment amount. Salary, bonus or regular save. Encashment/Maturity proceeds. Please give details 4. Source of Wea To comply with the current Ant ask you about the original source source of your investment amount. Salary, bonus or regular save. Early retirement or redundance.	i Monce of yount.	e, Po	stal unco	or M	ng ar in re	nd Teesper	error	rist F this	īinai		_						lev	ant					
Comply with the current Ant ask you about the original source of your investment amount. Salary, bonus or regular save.	i Mon ce of y unt.	e, Po	stal unc	or Merinalth	ng ar er a	nd Te espe ssets	error cct of	rist F	- inai app	plicat	iion	. Ple	ease	tic	k th	ne re	lev	ant					
Comply with the current Ant ask you about the original source of your investment amount. Salary, bonus or regular save. Early retirement or redundance. Proceeds from the sale of in the proceeds from the maturity.	i Mon ce of y unt.	e, Po	stal unc	or Merinalth	ng ar er a	nd Te espe ssets	error cct of	rist F	- inai app	plicat	iion	. Ple	ease	tic	k th	ne re	lev	ant					
Comply with the current Ant ask you about the original source of your investment and 2. Early retirement or redunda 3. Proceeds from the sale of ir 4. Proceeds from the maturity 5. Proceeds from the maturity	i Monde of yount. ings investment of the control	e, Po	stal unc	or Merinalth	ng ar er a	nd Te espe ssets	error cct of	rist F	- inai app	plicat	iion	. Ple	ease	tic	k th	ne re		ant					

	5. Investment details	
	Would you like to use the auto start service	Yes No
	Amount to invest	€
	Funds	
	Protected Consensus Markets Fund	€
	Safe Deposit Fund	€
	Indexed Euro Short Dated Bond Fund	€
	Indexed Euro Corporate Bond Fund	€
	Indexed World Equity Fund	€
	Indexed North American Equity Fund	€
	Indexed European Equity Fund	€
	Indexed Emerging Markets Equity Fund	€
	Indexed Commodities Fund	€
	Strategic Asset Return Fund	€
If other funds please give details	> Other Funds	
details		%
		%
		%
		%



Personal Investment - Declarations and Consents

We need this information to match the leclaration section to your electronic application	> Financial Adviser Proposal Number Customer Name							
	A. Declaration under Regula Information) Regulations 20		urance (Provision of					
	WARNING If you propose to take out this plan in complete of yourself that this plan meets your needs. In particular replacing your existing plan. If you are in doubt a	cular, please make sure you are aware of the	e financial consequences of					
	Ref. Plan Number Please complete this section by ticking the appro	ppriate box:						
	Yes, this plan is replacing an Irish Life (or Progres							
	Yes, this plan is replacing a plan from another life No, this plan is not replacing another plan	company						
	Declaration of Insurer/Financial Advise I hereby declare that in accordance with Regulat		Information) Regulations, 2001					
	(Customer name and address)							
	has been provided with the information specified I have advised the customer as to the financial co reduction, and of possible financial loss as a resu	onsequences of replacing an existing plan w	_					
Please sign and date	> Signature of Financial Adviser Date							
	Declaration of Customer(s) I confirm that I have received in writing the inform	mation specified in the above declaration.						
	> Signature of Proposer	X						
Please sign and date	Date	dd/mm/yyyy						
	> Signature of Joint Proposer (where applicable)	X						
Please sign and date	Date	dd/mm/yyyy						

Please note: That if you are signing on behalf of a company you should precede your signature with 'for and on behalf of

company name'.

B. Data Consents

I consent to Irish Life Assurance plc (Irish Life)

- A. Processing and holding (online or otherwise) all information disclosed by me, or on my behalf, including personal data for the purposes of issuing and administering all aspects of the plan.
- 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 Irish Life to any person to whom the plan may be assigned. We will use this information you give here to process your application (online or otherwise). You have the right to access, update and rectify your personal details by writing to the Customer Service Team at Irish Life, Lower Abbey Street, Dublin 1.

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

I/we authorise my Financial Adviser to complete the online application on my/our behalf based on the information that has been provided in this application form. I understand and acknowledge that in giving this authorisation the information provided will only be retained by my/our Financial Adviser and will not be passed to Irish Life.

I/we acknowledge that a	record of the a	application wil	be sent to me and	agree to notify	Irish Life should
i, iio aciaio iiioage ailat a		xppout.o	00 00116 60 1110 66116		111311 =110 3110 0110

•	I/we not receive the record	
•	Any information in this record is, false, incorrect or incomplete	tick here

D. Important note

In signing the declaration which follows here you are agreeing to make an application to Irish Life (based on the information provided by you to us as set out in the documents referred to below) for an investment plan. If your application is accepted by Irish Life they will send you the following documents:

- a copy of the information which you have provided at the sales meeting to the Financial Adviser before you completed this application booklet and which was recorded at, or subsequent to, the sales meeting by the Financial Adviser on Irish Life's electronic sales system,
- · the general policy terms and conditions applicable to your plan,
- your Plan Schedule, which will be a copy of the information you provided to, and agreed with, the Financial Adviser at the sales meeting,
- · a cooling-off (right of withdrawal) notice,
- a Customer Information Notice which will describe the type of plan you have been issued with.

E. Contract Explanation

From the date we send the above documents you have 30 days to decide if you wish to proceed with the plan or not. During this period you must advise Irish Life if any of the information in your Plan Schedule should be changed. If you do not contact Irish Life within this 30 day period they will assume that you have checked the information and that it is correct. At the end of the 30 day period, subject to payment of the agreed contribution(s), the contract will be irrevocably binding on you based on the information set out in your Plan Schedule and subject to the general policy terms and conditions.

F. Declaration

I declare and acknowledge that I have read over and understand the above Important Note and Contract Explanation. I understand that this declaration, together with the other declarations and consents I have given in this application booklet, is my application (online or otherwise) for a plan and will form the basis of any contract accepted by Irish Life (online or otherwise). I understand and agree that my contract with Irish Life will be based on:

- · the declarations and consents in this booklet,
- all personal details given by me, and which will be recorded and sent to me on my Plan Schedule,
- the policy terms and conditions,
- payment by me of the agreed premium(s) for which a direct debit mandate or other form of payment has/will be agreed to

I agree and consent to this application and/or Irish Life's electronic sales and business system being the only records maintained by Irish Life on which the contract will be based.

I understand that the investment will not start until Irish Life has accepted my application (online or otherwise) and that units will be purchased for me in the fund (or funds) described in my Plan Schedule at the next offer price date after the agreed contract start date.

I confirm that I have read and understood all the above declarations. > Signature of Proposer Please sign and date Signature of Joint Proposer (where applicable) Please sign and date

Please note: That if you are signing on behalf of a company you should proceed your signature with 'for and on behalf of company name'.

H. Delegated Authority to Switch Funds (optional)

Please speak to your financial adviser before completing this section. If you wish to give this authority to your Financial Adviser, please sign this section.

Plan Owner: Plan Number:

Authority to be given to my Financial Adviser:

I authorise Irish Life Assurance plc (Irish Life) to accept instructions from my Financial Adviser named above, to switch funds within my plan.

I understand that Irish Life will not be responsible for any instructions from or purporting to be from my Financial Adviser in relation to any switches made.

I indemnify Irish Life and its agents in respect of any claim or liability incurred by them arising directly or indirectly from action taken or omissions made in reliance on or pursuant to such instructions.

I confirm that I am aware of the risks of this product and the range of funds available under this product and have read both the product and fund guides, and the plan terms and conditions. I also accept the risk that my Financial Adviser will make decisions under this delegated authority and that these decisions may negatively impact on the performance of my plan.

I understand that this authorisation will apply until Irish Life receives a written instruction from me changing or withdrawing my authorisation.

<i>A</i>			1	
	> Plan Owner Signature/s	X		
Please sign and date	Date	dd/mm/yyyy		
	Name of Financial Adviser			
	> Authorised Signatory Signature	X		
Please sign and date	Date	dd/mm/yyyy		

