



Complete Solutions Investment Only

Investment only plan for self-administered pension schemes.

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

Financial Adviser Code

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Proposal Number

Proposal Date

2. Payment Details

What regular contributions are to be invested?

On what date are your payments to start?

Payment frequency

(how often you wish to make payments?)

Monthly ☐ Quarterly ☐ Half yearly ☐ Annually ☐

What day of the month would you like direct debits taken?

(1st to the 28th of the month only)

Do you want your regular payments to increase in line with inflation?

Yes ☐ No ☐

What lump sum amount is to be invested?

How are payments to be paid?

Direct Debit ☐ Cheque ☐

Will direct debits be paid from a third party bank account?

Yes ☐ No ☐

3. Business Replacement

(To be completed if pension product is provided through an Irish Life Financial Adviser or tied agent.)

Does this proposal replace or partially replace another policy (with us or any other company) which has been cancelled or reduced or is about to be cancelled or reduced?

Yes ☐ No ☐

If this is answered YES, please complete a Business Replacement Summary Form

You may only pay by cheque where the payment is a single premium or is being made annually and the annual payment exceeds €3,000. Cheques should be made payable to Irish Life Assurance plc.

The amount you wish to invest should be based on the frequency you wish to make payments.

*This date must be between 1st and 28th of the month. For direct debits to be combined, all direct debit dates must be the same.

Contributions will increase in line with inflation or a rate set by Irish Life (at present 5% p.a.) whichever is higher.

Under the Occupational Pension Schemes (Investment) Regulations, 2006, trustees cannot invest more than 50% of the scheme's assets in unregulated markets unless the scheme is established as a one-member arrangement which allows that member the discretion to choose their own investments. Property is an example of an unregulated market.

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.

The minimum initial investment needed to start a Self-Invested Fund is €50,000.

4a. 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"/>	%

4b. Additional forms to be completed if Self-Invested Fund is selected

In order to invest in the following asset types we will need the following additional information:

Investment Type	Additional Documentation	Attached?
Direct Property	Property Assessment Questionnaire	Yes <input type="radio"/> No <input type="radio"/>
	Loan application form (if necessary)	Yes <input type="radio"/> No <input type="radio"/>
Open Stockbroker Account	Investment Instruction Form	Yes <input type="radio"/> No <input type="radio"/>
Execution Only stock/share trade	Investment Instruction Form	Yes <input type="radio"/> No <input type="radio"/>
Open Deposit Account	Investment Instruction Form	Yes <input type="radio"/> No <input type="radio"/>
Invest in unit trust or other collective investment	Investment Instruction Form	Yes <input type="radio"/> No <input type="radio"/>

As this plan is linked to a Self-administered Pension Scheme, Irish Life Retail cannot act as Registered Administrator as defined in the Pensions Act, 1990 as amended.

5. Scheme Details

Is the scheme (from which payments are being transferred):
a) A self-administered Scheme? Yes ☐ OR b) A small self-administered Scheme? Yes ☐
Both a) and b) above must be a scheme that has been approved by the Revenue as a self administered pension scheme (SAPS). If the scheme is a small SAPS, this application form should be signed by the Pensioner Trustee and one other Trustee. The small SAPS should follow special requirements set out by the Revenue in relation to same.

Name of Scheme

Address for Correspondence

Name of Employer

Address for Employer

(including associated employers)

Name of Member

Revenue Reference Number

Date Scheme Approved

dd

/

mm

/

yyyy

Pensions Board Reference No.

Is this scheme a defined contribution scheme* ☐ OR a defined benefit scheme* ☐

*As defined under the Pensions Act, 1990 as amended.

Do the rules of the above -named scheme allow for funds to be invested in this insurance policy? Yes ☐ No ☐

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Profile	IC	RC	TC	PC	TICKBOX
1	5%	5%	0%	0%	<input type="radio"/>
2	4%	4%	0%	0%	<input type="radio"/>
3	3%	3%	0%	0%	<input type="radio"/>
4	2%	2%	0%	0%	<input type="radio"/>
5	1%	1%	0%	0%	<input type="radio"/>
6	0%	0%	0%	0%	<input type="radio"/>
or	<div></div>	<div></div>	<div></div>	<div></div>	<input type="radio"/>

6. Trustee Declaration

I declare that all the answers to the above questions are in every respect true and correct and that this application form will form the basis of the contract between the trustees named on this form and Irish Life Assurance plc (Irish Life). I declare that I have applied for the product named on this application and agree to the specific conditions contained in the policy terms and conditions. I declare that the self-administered pension scheme, named above, is an exempt approved scheme and has been approved by the Revenue Commissioners under Chapter 1, Part 30 of the Taxes Consolidation Act 1997. I declare that I am the trustee of the named pension scheme.

I consent to Irish Life processing and holding (on computer or otherwise) all information disclosed by me or on my behalf on this application (or in any supplementary documents) including financial details for the purposes of issuing and administering all aspects of this contract. I also confirm that where any member details are supplied in connection with this application, that I have received the necessary authorisation from that member to provide this information. I confirm that I have made that member aware of Irish Life's requirement to process (on computer or otherwise) all information. I consent to Irish Life disclosing the data for the above purposes and to persons necessary in connection with the above purposes, to regulatory authorities or, as required by law to other insurance companies or to other companies in the Company's group.

To be signed by the Pensioner Trustee (if small SAPS):

Trustee Company Name (BLOCK)

Person Authorised to sign on behalf of trustee company (BLOCK)

Status

Signature

Address

Date / /

To be signed by Trustee other than the Pensioner Trustee (if applicable):

1st Trustee

Trustee Name (BLOCK)
Name of person authorised to sign

Status

Signature

Address

Date / /

2nd Trustee

Trustee Name (BLOCK)
Name of person authorised to sign

Status

Signature

Address

Date / /

If the scheme is a small SAPS, a pensioner trustee and one other trustee must sign. If the scheme is not a small self-administered pension scheme, **two** trustees must sign.



Please sign and date



Please sign and date



Please sign and date



7. SEPA Direct Debit Mandate

Please complete all the fields below marked * and return this mandate to the Creditor

UMR

Creditor Identifier

I E 3 0 Z Z Z 3 0 3 5 8 7

Name and address of the payer:

* Debtor Name

Debtor Address

* Debtor Bank Identifier Code (BIC)

* IBAN

(Account Number)

Type of payment

Recurrent ☒

or

One Off Payment ☐

Creditor's name and address

I R I S H L I F E A S S U R A N C E P L C

L O W E R A B B E Y S T R E E T

D U B L I N 1

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.



* Signature(s)

* Date of signing

d d / m m / y y y y

Please sign and date

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Plan Number (max 18 characters)

Person(s) on whose behalf
payment is being made

Direct Debit collection date

of the month (1st to 28th only)

Payment frequency

Monthly ☐

Quarterly ☐

Half Yearly ☐

Yearly ☐

