

Personal Pension Single Premium / Top-up Application Form

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE CAPITAL LETTERS THROUGHOUT.

Financial adviser details

LARC Registration No:

Area

Manager

Code

Flat % Complete Solutions Plan Charge: 0% 0.25% 0.5%



Irish Life
BROKER SERVICES

Eligibility

1. Are you self-employed or a partner acting in some trade, profession or occupation? Yes ☐ No ☐

2. Are you an employed person or the holder of an office of employment? Yes ☐ No ☐
If so, is one or more of your occupations non-pensionable? Yes ☐ No ☐

3. Are you an Irish resident for tax purposes? Yes ☐ No ☐

4. Please give policy numbers of any existing retirement contracts with this company

Note:
All customers are asked to fill in the eligibility details section

Note:
Your self-employment, employment or occupation must be liable to tax under schedule D or E in the Republic of Ireland.

Personal Details

Name in full (surname first)

Date of birth / / Gender ☐ Male ☐ Female Age next birthday

Precise occupation

Are you ☐ married? ☐ single? ☐ separated? ☐ widowed? ☐ divorced?

Current yearly earnings €

Address for correspondence

Note:
Evidence of age should be submitted with this application

Note:
Describe your occupation in full

Note:
You can choose to retire at any stage between the ages of 60 and 75.

New Pension Plan

Complete Solutions

Single premium details

Lump sum contribution of €

Your chosen retirement age

Investment details

Please indicate which investment option you require

Consensus Lifestyle Yes ☐

Consensus Fund %

ILIM Exempt Active Fund %

Exempt Guaranteed Fund %

Other funds % % %

Note
Contributions must be made by cheque, payable to Irish Life Assurance plc

Note
You must select one or more funds available under this contract (subject to a maximum of five). Investment in the Secured Performance Fund may be restricted. Fund information is available from your financial adviser.

Top-up to Existing Pension Plan

Existing Pension Policy Number	<input type="text"/>					
Lump sum single premium amount	€	<input type="text"/>				
Regular contribution top-up amount:	€	<input type="text"/>	per	<input type="text"/> month	<input type="text"/> quarter	<input type="text"/> half year <input type="text"/> year
Revised TOTAL regular contribution amount:	€	<input type="text"/>	per	<input type="text"/> month	<input type="text"/> quarter	<input type="text"/> half year <input type="text"/> year
Effective date of top-up:	<input type="text"/> / <input type="text"/> / <input type="text"/>	(must be a renewal date)				

Investment details

Please indicate which investment option you require

Existing fund(s)	<input type="text"/> %	Consensus Fund	<input type="text"/> %
ILIM Exempt Active Fund	<input type="text"/> %	Exempt Guaranteed Fund	<input type="text"/> %
Other funds	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Note

Lump sum contributions must be made by cheque, payable to Irish Life Assurance plc.

Note

Top-ups to all plans are restricted to the terms of the original contract, including restrictions regarding minimum top-up amounts. Top-ups will be invested on the same basis as your existing contributions unless we are advised otherwise. Investment in the Secured Performance Fund may be restricted. Fund information is available from your financial adviser.

Declaration under regulation 6(3) of the Life Assurance (Provision of Information) Regulations, 2001. (To be completed for New Pension Plans only)

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 ☐

Declaration of Intermediary

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

(Client name and address)*

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 / /

* Full name and address of client is to be inserted into the box above

Declaration and Data Protection Consent

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 (on computer or otherwise) all information disclosed by me or on my behalf in conjunction with any applications made by me (or subsequently) including personal and financial details for the purpose of issuing and administering all aspects of the policy. This includes disclosing my personal data for the above purposes and to persons necessary in connection with the above purposes, to regulatory authorities or as required by law and to other companies in the Company's group.

Signature Date / /