

Complete Solutions Personal Pension

	F:											
Please read each question	Financial Adviser Name											
arefully before you answer lit. Use CAPITAL LETTERS (Financial Adviser Code											
throughout		Direct Debit mandate. If you can be	ou submit the pro s 5-7. If you subm	posal electro	used for data capture with onically, please only send us the sal electronically and we receive							
	1. Profile Numb	er										
If this section is left blank his will delay us processing your application	> Regular Premium	-	Lump Sum									
	2. Product Selec											
	Please tick which product you	require:										
	Complete Solutions Personal 1 Or	or Complete Solutions Perso	onal 1 Bond									
	Complete Solutions Personal 2	2 or Complete Solutions Perso	onal Bond									
	<u> </u>	<u> </u>										
	3. Eligibility											
	1. Are you self-employed or a	a partner acting in some trade,	profession or occu	upation?	Yes No							
	Your self-employment, emp	loyment or occupation must be	liable to tax under so	chedule D (cas	se I or II) or E in the Republic of Ireland							
	2. Are you an employed pers	son or the holder of an office o	f employment?		Yes No							
	If Yes, is one or more of yo	ur occupations non pensionab	le?		Yes No							
	3. Are you an Irish resident fo	or tax purposes?			Yes No							
	4. Please give the plan numb	ers of any existing retirement (contracts with this	company								
	4. Personal Deta	ails										
	First Name				Initial (if applicable)							
	Surname											
	Previous Surname (if any)											
	Home Address											
	Date of Birth	dd/mm/yy	уу	Age Next Bir	t Birthday							
	Gender	Male Female		Ti	itle (Mr/Mrs/Ms etc)							
	Relationship Status	Single	Married		Registered Civil Partner							
We are obliged to establish		Separated	Divorced		Widowed							

country of nationality to comply with anti-money laundering requirements

Country of Nationality

Country of Nationality

Occupation

Email Address (if applicable)

Contact Phone Numbers	Mobile										
	Home										
Choose Retirement Age	Must	be between t	he age of 60	and 75							
5 5 1 6 1											
5. Regular Conti	ribution i	Jetaiis									
If regular contributions are being	ng made please o	complete the	following d	etails							
Start date of plan	dd/m	m / y y y	У								
Contribution amount	€		per m	onth 🔵	per qua	arter) ا	nalf ye	early) a	nnually
Do you want inflation protection	n? Yes	No 🔘									
(Contributions will increase in I	line with inflatior	n or at a rate s	et by Irish L	ife (at pre	sent 5%	p.a.)	whic	hever	is hig	gher)	
How are regular contributions	to be made	Direct De	bit	Chequ	e 🔘						
Cheques for regular contribu	tions can only b	e made whe	n contribu	ions are	made o	n a ye	arly	basis	and e	excee	d €3000
If direct debit contributions are	chosen, what d	ay of the mor	th would y	ou like dir	ect debi	ts take	en?				
(1st to the 28th of the month on	ly)										
6 Lump Cum											
6. Lump Sum											
Single Premium Contribution	€			(by ch	eque on	ly)					
Transfer Value Contribution	€			(by ch	eque on	ly)					
7. Fund Details											
You can split your investment b	petween up to 10) funds. Pleas	e make sure	e that the	percent	ages a	ıdd u	p to 1	00%.		
Global Cash Fund			%								
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			%								
Protected Consensus Markets	Fund		%								
Self-Invested Fund			%								
Other Funds											
			%								
			%								
			%								
			%								
			%								

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	Lifestyling Strategies are not available if you invest in the Self-Invested Fund or a property fund.
available online	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
	8. Your Plan Communications 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
	Your plan communications 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. If you do not choose an option we will assume you want to receive communications by paper post.





Complete Solutions Personal Pension - Declarations and Consents

We need this	> Financial Adviser														
nformation to match the claration section to your	Proposal Number														
electronic application	Client Name														
	A. Declaration Information WARNING If you propose to take ou yourself that this plan me replacing your existing p	under n) Regul t this plan in ets your nee	Regulation	Ilatic 15 20 e or par	on 6(2) 001 tial repla	3) of acement make sur	the of an e	Life xisting are awa	Ass	please he fin	e take s ancial	specia conse	l care	to sati	sfy
	Ref. Plan Number														
	Please complete this sect		-												
	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 replac	ing another	olan)				
	Declaration of Insurer/Financial Adviser I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001													001	
	(Client name and address) has been provided with t	he informatio	on specil	fied in S	chedule	1 (Custo	omer In	format	ion No	otice) t	to thos	se Reg	ulatio	ns and	d
	that I have advised the cl reduction, and of possibl							existir	ng plan	with t	this pl	an by	cance	lation	or
	> Signature of Financial Ad	viser	X												
Please sign and date	Date		d	d / m	m / 3	ууу	у								
	Declaration of Clie I confirm that I have rece		g the inf	ormatic	n specif	ed in the	e above	e decla	ration.						
	> Signature of Client		X												
Please sign and date	Date		d	d / n	1 m /	уууу	у								

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 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.

We will use the 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.

Delegated Authority to Complete Online Application (if applicable)

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

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

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

C. Client 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.



Client Signature

Date





Please sign and date

D. Direct Debit Mandate





/ I I }	ginators Identification No.(0	OIN)																
	_																	
	ase complete parts 1 to 4 to n Life, Lower Abbey Street,	-	Bank to	make	payn	nents	directl	ly fro	m yoı	ır ac	coun	t. Tl	hen	retu	rn the	e for	m to):-
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	Bank																	
	Branch																	
	Name of account holder																	
	Sort Code	_	_				Accou	nt Ni	mhoi									
	 I instruct and authoris I confirm that the ame I shall duly notify the cancellation. 	ounts to be de	Direct Do	ebits f e varia	able a	nd m	ay be	debit	ed or	var	ious (date	· :S.		fe plo	of s	such	
he	I confirm that the ameI shall duly notify the	se you to pay I ounts to be de Bank in writin	Direct Do	ebits f e varia	able a	nd m	ay be	debit	ed or	var	ious (date	· :S.		fe plo	of s	such	
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	I confirm that the ame I shall duly notify the cancellation. Direct Debit Guarantee This is a guarantee provid of Direct Debits participat If you authorise payment	se you to pay I ounts to be de Bank in writin e ed by your ow e. by Direct Deb	Direct Dibited are g if I wis	ebits f e varia h to ca	able a ancel	nd m this i	ay be o	debit tion. rect E	ed or I shal	ı var I also Sche	ious (o so r eme,	date notif	y Iri	sh Li n Bar	nks ar			
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	 I confirm that the ame I shall duly notify the cancellation. Direct Debit Guarantee This is a guarantee provid of Direct Debits participat If you authorise payment If you authorise payment If your Direct Debit Or Your Direct Debit Or Your Bank will accept 	se you to pay I ounts to be de Bank in writing ed by your ow te. by Direct Debi	Direct Dibited are g if I wis an Bank a sit, then: otify you a debits,	ebits fee variate to continue	able a ancel embe	nd m this in er of the	ay be on struction and the Direction of	debit tion. eect E	ed or I shall Debit to be	ı var I also Sche deb	o so r o so r eme, pited	date notif in w to you	y Iri	n Bar acco e fur	nks ar unt. nds.	nd O	rigir	nato
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Please sign and date

Date

