



Irish Life



PENSION LIFE COVER FOR PERSONAL PENSIONS CUSTOMER APPLICATION BOOKLET

Protection products are brought to you by Irish Life Assurance plc (Irish Life)

1. Data Consents

I consent to Irish Life Assurance plc (the Company):

Data Protection Consents

- A.** Processing and holding (on computer or otherwise) all information disclosed by me, or on my behalf or in conjunction with any applications made by me (or subsequently), including sensitive personal data (being medical records) and/or financial details for the purposes of underwriting, 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 and to any person to whom the plan may be assigned.

We will use this information you give here to process your application on computer. You have the right to access, update and rectify your personal details by writing to the Irish Life, Lower Abbey Street, Dublin 1.

Direct Marketing Consent

Based on the information you provide in your application or during a Financial Review, we may use your data to give you information and marketing materials about other products and services offered by the Irish Life group which may be appropriate to you. For this purpose, we may pass your information to other companies within the group.

I agree you may give me this information by: Post ☐ Phone- Landline ☐ Phone - Mobile ☐ e-mail ☐ Text ☐

2. Customer Financial Review Consents

Customer Review Number

I confirm that having undertaken a full financial review with my financial adviser, I am satisfied with the recommendations made (which are based on the information which I provided and I am satisfied with the agreed actions). ☐

OR

I confirm that I have been offered a full financial review and that I have declined this offer. In declining this offer I confirm that I have not received any advice in relation to this transaction. I have familiarised myself with this product and I confirm that I requested that the plan be arranged with Irish Life Assurance plc. ☐

Signature of customer Date / /

3. Declaration under regulation 6(3) of the Life Assurance (Provision of Information) Regulation 2001 (To be completed in all cases)

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 intermediary.

Please complete this section by ticking the appropriate box: Yes, the plan is a replacement of an Irish Life (or Progressive Life) plan. ☐

Yes, the plan is a replacement of a plan from another Life company. ☐ No, the plan is not a replacement plan. ☐

Ref. Plan Number

Declaration of Insurer or / Financial Adviser

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

(Customer name and address)

(the customer) has been provided with the information specified in Schedule 1 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.

Signed: Date / /

Signature of adviser

Declaration of Customer

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

Signed: Date / /

4. Personal Details (please complete in BLOCK CAPITALS)

First name: Last name:
Plan number: Date of Birth: / /

Financial Adviser	<input type="text"/>	Code	<input type="text"/>
Financial Adviser Email Address	<input type="text"/>	Phone Number	<input type="text"/>

5. Declaration(s) to Irish Life Assurance plc (Irish Life)

Declaration

I declare that all the answers to all the questions in this application 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 the declarations, consents in this booklet (including this declaration), the online application together with all terms and conditions furnished by Irish Life. I declare I know of no material fact other than those stated, being a fact concerning circumstances which may influence the assessment and acceptance of an application by Irish Life. I understand that failure to disclose all material facts could render the contract void. I understand that if I am in doubt as to whether any facts are material I should disclose them. 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.

Signature Date / /

Declaration applying to medical questions only

I understand that this declaration, together with the other declarations and consents made by me in this booklet and in my online application (a copy of which will be sent to me shortly and which is based on the information given by me to Irish Life) is my application for cover under Irish Life's normal conditions.

I understand and agree that my contract with Irish Life Assurance plc (Irish Life) will be based on the declarations and consents in this booklet, my application completed (Online or otherwise), any supplementary questions answered, any statements made to Irish Life's underwriting team in response to any phone calls received, any information I give to a medical examiner acting for Irish Life and all terms and conditions furnished to me by Irish Life.

I have read and understand the important information concerning my obligation to tell Irish Life about all material facts in connection with the application (Online application process and telling Irish Life about material facts) in this booklet and I understand that if I do not tell Irish Life all material facts, this contract could be void. If this happens, there will be no cover under the plan and Irish Life will not refund my payments. In these circumstances, Irish Life will not pay a claim.

I declare that all statements recorded in answer to the questions in my application (online or otherwise) including those about tobacco consumption (together with any statements written down for me) are true and complete. I understand that I will receive a copy of my application and my answers for my own records.

I understand that I must tell Irish Life in writing about any changes in my health or circumstances between the time I applied for cover and the date my application is accepted. I understand that this plan will not start until Irish Life has accepted me for cover and I have paid the first payment.

I consent to Irish Life obtaining information from or sharing information with

- any doctor who at any time has attended me concerning anything which affects my physical or mental health,
- any health professional for the purpose of processing my application or
- any insurance company where I may have applied.

I authorise Irish Life to access and receive this information. I agree that this authority will stay in force after my death.

I agree that this information (including any medical data) can be held for six years.

Signature Date / /



SEPA Direct Debit Mandate

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

UMR

Creditor Identifier

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

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.



Please sign and date

* Signature(s)

* Date of signing / /

For Irish Life Information purposes only

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 ☐

Important information

Important – Online application process and telling Irish Life about material facts

Please remember that you must tell us everything relevant when answering all of the questions in your application. If you do not, or if any of the answers to these questions are not true and complete, we could treat the plan as void. This includes disclosing tobacco consumption. If failure to reveal all facts occurs there will be no cover under the plan and we will not refund the payments.

In these circumstances we will not pay a claim. A material fact (relevant information) includes anything that a reputable insurer would treat as likely to influence the assessment and acceptance of an application for insurance. If you are not sure whether something is relevant, you should tell us anyway. If there is anything not covered by the questions on this form that you think we should know, please tell us in the section 'Other medical evidence'. We may also contact you by telephone if we need to ask you for further information on

your answers to the health questions or as part of any subsequent claim investigation. If we phone you these calls will be recorded. We will rely on what you tell us and you must not assume that we will automatically clarify or confirm any information you provide. You can provide any highly confidential information directly to Irish Life's Chief Medical Officer in a sealed envelope with your name, date of birth and application number (if applicable) and give this to your financial adviser. In these circumstances you must refer to this information when answering your health questions.

You should not tell us about any genetic test (that is, any analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals) which you may have had.

You must however, tell us if you are having treatment for or experiencing symptoms of a genetic condition. You will also be asked to give us full information about your family history, including all genetic conditions.

If your health changes between the time you apply for cover and the date your application is accepted, you must let us know immediately, as failure to do this may result in a claim being refused.

If for whatever reason there is more than a 6 month delay between the time your application is accepted and the date your plan starts (is issued), and your health has changed then you must also let us know immediately.

Any Pension Life Cover contract that has been recommended to you provides a lump sum payment on death. You should review and update your current needs and arrangements every year. Your Financial Adviser will be delighted to put these arrangements in place for you.

Notes on the online application

Eligibility

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

Inflation Protection

If you select this option, your cover will increase by 5% each year and your payment will increase by 8% each year to reflect the increase in cover.

Guaranteed Life Cover Again

At any time up to the end of the term you have the option to convert to another life cover plan. The exact definition is available in the plan document.



Irish Life

Contact us

Phone: 01 704 2000

Fax: 01 704 1900

e-mail: customerservice@irishlife.ie

website: www.irishlife.ie

Write to: Irish Life Assurance plc, Lower Abbey Street, Dublin 1.

In the interest of customer service, we will record and monitor calls.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

Irish Life Assurance plc is registered in Ireland number 152576, vat number 9F55923G.