

Personal Retirement Savings Account

Customer Application Booklet - Brokerage



Irish Life

Customer Consents

I declare that 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, in conjunction with any applications made by me (or subsequently), including sensitive personal data for the purposes of issuing and administering all aspects of the policy.
- 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 Company's group.

Signature

Date

Personal Details (please complete in BLOCK CAPITALS)

Last name

First name

Date of Birth

Financial Adviser

Code

Additional information

1. Do you intend to avail of the SSIA pension incentive tax credits scheme? Yes ☐ No ☐

If yes, you must complete the PITCs 2 form and additional questions.

2. Do you intend to use your PRSA for Additional Voluntary Contributions (AVCs) to an occupational pension scheme? Yes ☐ No ☐

If yes, you must complete the 'Supplementary Factfind for members of Occupational Pension Schemes'.

Declaration under Article 3(5) of Personal Retirement Savings Accounts (Disclosure) Regulations 2002

WARNING

If you propose to enter into this PRSA contract in complete or partial replacement of an existing PRSA contract or a retirement annuity contract, please take special care to satisfy yourself that this PRSA contract meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing PRSA contract or retirement annuity contract. If you are in doubt about this, please contact your PRSA provider.

Declaration of PRSA provider or Intermediary

I hereby declare that in accordance with Article 3 of the Personal Retirement Savings Accounts (Disclosure) Regulations 2002, a Preliminary Disclosure Certificate has been provided to * and that I have advised the person concerned as to the financial consequences of replacing an existing PRSA contract or retirement annuity contract with this PRSA contract by cancellation or reduction and of possible financial loss as a result of such a replacement.

* Insert name of person concerned.

Signed

Date

Name of PRSA provider or Intermediary

Declaration of person or contributor

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

Signed

Date

Name of client

Declaration to Irish Life

I hereby agree that the contract proposed between me and Irish Life Assurance plc will be based on the declarations and consents made by me in this booklet (including this declaration), my online application form completed and recorded under unique proposal number and all terms and conditions furnished to me by Irish Life. I have read the notes relating to my online application.

I declare that all the answers to all the questions in my online application form are true and correct. I understand that this contract will not start until you have accepted my application.

I understand that units will be purchased for me at the next offer price after the applicable start date. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 2A of Part 30 of the Taxes Consolidation Act 1997.

I agree that where I have selected fund(s) in my online application other than the Default Investment Strategy (DIS), by signing this declaration I am providing written confirmation that I do not wish to avail of the DIS.

I agree that Irish Life may get information in respect of any transfer value contribution amount from the transferring Trustees/Life Office and I authorise them to give Irish Life this information.

Where applicable, I, as an employee, consent to my employer having access to my application in order to facilitate the deduction of my personal contributions from my salary. I also understand that the commencement date of the contract and the timing of any subsequent changes to contributions will be subject to my Employer making the necessary changes in my payroll.

Signature

Date

 / /

This direct debit mandate should be completed by the customer where contributions are to be paid regularly from their own bank account. It should not be completed by the employer, or where deductions are made from the customer's salary before tax.

Direct Debit Mandate

Note: If you want to pay contributions through your bank or building society account you must fill in and sign this form. Instructions cannot be accepted to charge direct debits to a deposit or savings account.

Name of bank/ building society

Address of bank/ building society

Bank account number

Sorting Code

 - -

Account holders name(s)

I instruct you to pay direct debits from my account at the request of Irish Life Assurance plc. Irish Life Assurance plc may add these direct debits to any other direct debit amounts which are payable within the same calendar month and for which I have signed direct debit forms. I will inform the bank in writing if I wish to cancel this instruction. I understand that if any direct debit is paid which breaks the terms of this instruction, the Bank will make a refund.

First Signature

Second Signature

Date

 / /

For completion by Irish Life

Due dates on

 / /

and, following the first payment

every month

☐

every 3 months

☐

every 6 months

☐

every year

☐

Originators ID no.

Originators reference

 -

(Policy no.)

 /

(Reference)



Irish Life

Irish Life PRSA Payroll Deduction Authority

Version 3

Section 1 To be completed by the Employee and retained by the Employer.

I request that all my PRSA contributions be altered to € per week /fortnight / month (please delete as appropriate). I authorise my employer to make the necessary deductions from my salary and to notify Irish Life accordingly. I understand that any alterations to my PRSA will take effect in the month following the month of payroll deduction.

Signed :

Employee Payroll Number :

Date :

/ /

Section 2 Irish Life PRSA Payroll Deduction Authority

To be completed by the Employer for each employee in respect of any new or changed deduction arrangements

Important: Completion of this form signifies that the deductions described have already been (or will be) put into effect by the Employer without further confirmation from Irish Life. The PRSA will be started/modified to reflect these payroll deductions.

FIELDS MARKED WITH  **MUST BE COMPLETED**

Company details (please complete in BLOCK CAPITALS)

Name



Address

Company registered no.



or Employer Tax Ref. no (whichever is applicable)

Employee details (please complete in BLOCK CAPITALS)

Name of Employee



Employee payroll no.

Irish Life PRSA no.



or

☐ tick if a NEW member

NB: PRSAs only please - no other policy types are payable by payroll deduction

Type of change

Please tick one

☐

New/Revised deduction

☐

Resume deductions

☐

Cease deductions until further notice

☐

Suspend deductions until

/ /
day month year

☐

Once-off single payment

If new, revised, resumed deduction

To be paid by Employer

€

To be paid by Employee

€

Total

€



per week ☐ per fortnight ☐ per month ☐

If once-off single payment

Employer

€

Employee

€

Note

Cheques for single payments should be made payable to "Irish Life Assurance plc". Single contributions cannot be paid by direct debit.

Alterations to existing arrangements will be reflected in the next available direct debit to your bank.

Effective payroll date

Date on which payroll deductions are to take effect



/ /
day month year

Note: In the month following the month of payroll deduction: 1 The requested changes to Irish Life PRSA plans will be processed. 2 The corresponding direct debit adjustment on the Employer's bank will take effect.

Payroll administrator details

Signed

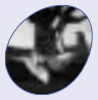


Person nominated to administer payroll deduction

Contact phone number



E-mail address



Notes on the online application

Eligibility

If you intend to use this PRSA to make additional voluntary contributions to an occupational pension scheme, you must also complete the Supplementary Factfind for members of occupational pension schemes.

Proof of your age

We require evidence of age in all cases. This can be your birth certificate, passport or driving licence. If your surname has changed, we require evidence of your change of name (e.g. Marriage Certificate, Deed Poll etc.)

Proof of Personal Public Service Number (PPSN)

We require confirmation of your PPSN to ensure that we can fulfil our reporting requirements with the Pensions Board and the Revenue Commissioners.

Automatic increase of contributions

Contributions will increase in line with inflation or a rate set by Irish Life (at present 5% p.a.) whichever is higher. This facility is not available in cases where contributions are paid through payroll deduction. Any extra increases in contributions required must be applied for separately.

Transfer Values

A transfer application form must be completed by the company/trustee transferring the assets and submitted with this application form.

Funds

Investment in the Secured Performance Fund may be restricted. Transfers out of this fund, or the Guaranteed Fund, before the end of the term, may cause the value to be reduced. Full details are outlined in your PRSA booklet and in your terms and conditions booklet.

Payroll Deduction Authority

If contributions are being deducted by your employer from your salary before tax, please ensure the Irish Life Payroll Deduction Authority in this booklet is completed by your employer and remitted with this application form. Where contributions are deducted from your salary, the effective date of the PRSA plan will be the month following the month of first payroll deduction.

Your employer can take contributions from your salary whenever you are paid. This could be every week, fortnight or month. We will then take this contribution from your employer's bank account. Please note that your plan will be a monthly-paid plan and we will collect contributions from your employer every month.

For example, if you are paid weekly and decide to make a regular contribution of €60, we multiply €60 by 52 (weeks in a year) and divide it by 12 (months in a year). Your plan will then be set up for €260 every month and we will collect this from your employer's bank account every month by direct debit.

Therefore, at certain times, deductions made from your payroll may be held in your employer's bank account for a short period before they are sent to us and invested in your plan. Contributions are invested on the day we receive them.

Default Investment Strategy (DIS) and Individual Investment Service (IIS)

If you select the Default Investment Strategy (DIS) for the PRSA standard product, your funds will initially be invested in the Consensus Fund and will be gradually switched into the Pension Protection Fund and Cash Fund as you approach your chosen retirement age. Please see the product booklet for full details.

If you select the Default Investment Strategy (DIS) for the PRSA performance product, your funds will initially be invested in the Global Equity Fund. They will be switched into the Consensus Fund 15 years from your chosen retirement age and will be gradually switched into the Pension Protection Fund and Cash Fund as you approach your chosen retirement age. Please see the product booklet for full details.

If you select the Individual Investment Service (IIS) for the PRSA performance product you must choose which fund(s) you want to be invested in initially. As you approach retirement we will gradually switch funds into the Consensus Fund, the Pension Protection Fund and Cash Fund. Please see the product booklet for full details.

Irish Life

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Calls may be recorded or monitored to help us improve our customer service.

Irish Life Assurance plc is regulated by the Financial Regulator.