

# Company Pension

## Application Form - Brokerage

### 1. Financial Adviser Details

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

Financial adviser Name

Financial Adviser Code:

LARC Number:

Staff Number:

FOR OFFICE USE ONLY

Proposal Number:

Proposal Date:



**Irish Life**  
BROKER SERVICES

### 2. Product Selection

Please select which product you require.

Navigator ☐

Complete Solutions ☐

Pension Term Assurance ☐

### 3. Personal Details

Title (Mr/Mrs/Ms)

First names

Last name

Date of birth  /  /

Marital status

Married ☐

Single ☐

Widowed ☐

Separated ☐

Divorced ☐

Home address

Previous surname

(if any)

Previous occupation

Current level of earnings or salary

€

p.a.

Home phone number

Mobile phone number

Office phone number

E-mail address

Personal Public Service No

**Note**

Evidence of age should be submitted with this application.

**Note**

Please describe your occupation in full

**Note**

We require your Personal Public Service Number (PPSN) to obtain approval from the Revenue Commissioners

## 4. Employer details

Name of employer	<input type="text"/>
Company registered number	<input type="text"/>
Address for correspondence	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Employer contact name	<input type="text"/>
Employer contact phone number	<input type="text"/>

## 5. Benefit details

Chosen retirement age

Is this application to be included under a group arrangement Yes ☐ No ☐

If YES, please supply the following details

Name of group

Reference number

### Note

Chosen retirement age must be between 60 and 70.

### Note

Employer must always contribute part or all of payment.

## 6. Contribution details

	Employer	Employee	AVC	Total
How much do you wish to invest?	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
On what date are your payments to start?		<input type="text"/> / <input type="text"/> / <input type="text"/>		
Payment frequency (how often you wish to make payments)			Monthly <input type="checkbox"/> Half yearly <input type="checkbox"/>	Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/>
What date do you want the direct debit to take place (1st to 28th of the month)?			<input type="text"/> / <input type="text"/> / <input type="text"/> *	
Do you want your payments to increase in line with inflation?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Employer	AVC (Employee Special Contributions)	Total	
Lump sum payment?	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	
<b>Life cover details</b>				
Life cover required	€ <input type="text"/>			
Do you want your life cover to increase in line with contribution increases?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you wish the life cover to:	<input type="checkbox"/> include your current fund (inclusive)?		<input type="checkbox"/> be in addition to the fund (exclusive)?	
<b>We will assume you want your cover to include your current fund unless you indicate otherwise. Please complete medical questions 1 to 18 in section 16.</b>				
<b>Contribution cover</b>				
If you are under 55 years of age, do you want contribution cover?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Transfer value payment amount	€ <input type="text"/>			
<b>Note: A transfer application form must be completed by the company/trustee transferring the assets and submitted with this application form.</b>				

### Note

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

### Note

Maximum personal contributions to your main scheme at work and an AVC arrangement as a percentage of gross earnings.

Up to age 29	15%
30 to 39	20%
40 to 49	25%
50 to 54	30%
54 to 59	35%
60 and over	40%

### \*Note

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.

### Note

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

### Note

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

## 7. Payment details

How are payments to be paid? Direct debit ☐ Cash ☐

Will direct debits be paid from a third party bank account? Yes ☐ No ☐

## 8. Letter of exchange

Between  ("the Employer")

And  ("the Employee")

Date  /  /

Dear Employee

The Employer has decided to offer you the advantages of an Irish Life Pension Plan being any one or more of the following (hereinafter called "the Plan").

- Navigator
- Complete Solutions
- Pension Term Assurance

The Plan commences on the date of this letter ("the commencing date"), and is governed by this letter and the Rules of the Plan ("the Rules"), a copy of which you will receive.

The Employer establishes the Plan under irrevocable trusts to be administered in accordance with the Rules. This retirement benefits scheme is capable of being treated by the Revenue Commissioners as an exempt approved scheme in accordance with Chapter 1 of Part 30 of the Taxes Consolidation Act 1997 to provide you with the relevant benefits as defined therein.

The Plan is an occupational pension scheme and a defined contribution scheme within the meaning of the Pensions Act 1990 and this letter and the Rules shall be construed subject to the provisions of the said Act.

The Scheme is established as a one member arrangement within the meaning of the Occupational Pension Schemes (Investment) Regulations 2006 and the Occupational Pension Schemes (Disclosure of Information) Regulations 2006. While you have discretion to instruct the Trustee as to the investment of scheme resources in accordance with the Scheme Rules, the Trustee as policyholder is the only party to the pension contract with the Life Office and the only person with whom the Life Office will accept instructions. The pension policy will be administered accordingly. The Life Office is not responsible therefore, for any instructions you give to the Trustee which are not received by the Life Office.

The Plan benefits will be provided by means of an assurance or assurances, under a policy or policies to be issued by Irish Life Assurance plc ("the life office") in pursuance of the Application to which this letter is attached and of any subsequent supplementary applications made to the life office ("the Applications").

The Employer, as trustee, will hold the policy or policies issued by the Life Office in relation to the Plan and any endorsements. You will receive a copy of each for your information.

The contributions payable towards the assurance or assurances will be contributions made by you (including Additional Voluntary Contributions) and/or the Employer in accordance with the Applications subject always to the Rules.

The appropriate Stamp Duty has been or will be paid to the Revenue Commissioners under the Statutes for the time being in force.

Please acknowledge receipt of this letter by signing below and returning it to me.

Duly authorised to sign for and on behalf of the Employer, as Trustee.

Name of authorised person (BLOCK CAPITALS)

Status

I acknowledge receipt of this letter and understand the contents hereof. I hereby agree to be included in the scheme.

Signed (Employee)

### Note

By completing the Letter of Exchange the employer sets the pension scheme up in trust for the employee.

### Note

Please ensure that the employee has read Section 10 - Data Protection Act.

## 9. Fund Options

### Low Risk

Cash Fund	<input type="text"/> %
Guaranteed Fund	<input type="text"/> %
Secure Performance Fund	<input type="text"/> %

### Medium Risk (Mixed Asset)

Consensus Fund	<input type="text"/> %
Consensus Lifestyle (tick if applicable)	<input type="checkbox"/>
Irish Life Active Managed Fund	<input type="text"/> %

### Medium Risk (Property)

Irish Property Fund	<input type="text"/> %
UK Property Fund	<input type="text"/> %
Property Portfolio Fund *	<input type="text"/> %

### Medium Risk (Fixed Interest)

Pension Protection Fund	<input type="text"/> %
Fixed Interest Indexed Linked Fund	<input type="text"/> %

### High Risk (Self Invested) \*

Self-Invested Fund	<input type="text"/> %
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If you are investing in a Self-Invested Fund please complete separate Section 10 below

\* the Property Portfolio Fund and Self Invested Fund are only available on Complete Solutions

### High Risk (Actively Managed Equity)

Irish Life Global Opportunities Fund	<input type="text"/> %
Bloxham High Yield Fund	<input type="text"/> %
Bloxham Contrarian Fund	<input type="text"/> %
Bloxham Intrinsic Value Fund	<input type="text"/> %
Fidelity International Share Fund	<input type="text"/> %
Fidelity Portfolio Select Growth Fund	<input type="text"/> %
Fidelity European Opportunities Fund	<input type="text"/> %
Fidelity India China Fund	<input type="text"/> %
PIIM International Share Fund	<input type="text"/> %

### High Risk (Indexed Equity)

Indexed Global Equity Fund	<input type="text"/> %
Irish Equity Indexed Fund	<input type="text"/> %
UK Equity Indexed Fund	<input type="text"/> %
European Equity Indexed Fund	<input type="text"/> %
North American Equity Indexed Fund	<input type="text"/> %
Japanese Equity Indexed Fund	<input type="text"/> %
Pacific Equity Indexed Fund	<input type="text"/> %
Ethical Equity Indexed Fund	<input type="text"/> %

### Other Funds

<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

All regular and lump sum contributions will be invested in this way. If you would like regular contributions to be invested as above and lump sum contributions to be invested differently, how would you like lump sums to be invested ?

Fund 1	<input type="text"/>	Fund 2	<input type="text"/>	Fund 3	<input type="text"/>	Fund 4	<input type="text"/>
	<input type="text"/> %		<input type="text"/> %		<input type="text"/> %		<input type="text"/> %

#### Note

Under Consensus Lifestyles 100% of your contributions will be invested in the Consensus Fund until 5 years prior to your normal retirement age. Your fund will then be invested in a gradual basis to more secure funds.

#### Note

You must select one or more funds under this contract (maximum of ten). Fund information is available from your broker or financial adviser.

#### Note

Investment in the Secured Performance Fund may be restricted. Transfers out of the Secured Performance Fund or Guaranteed Fund may have a Market Value Adjustment applied. This would not be applied if you retire on the plan maturity date, or in certain other circumstances. More information is available from your financial adviser.

#### Note

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

## 10. Additional information if you have chosen the Self-Invested Fund

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="checkbox"/>	No	<input type="checkbox"/>
	Loan application form (if necessary)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Open Stockbroker Account	Investment Instruction Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Execution Only stock/share trade	Investment Instruction Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Open Deposit Account	Investment Instruction Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Invest in unit trust or other collective investment	Investment Instruction Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please sign declaration on next page.

## Self-Invested Fund Declaration of Plan owner.

I confirm that I have received and have read Irish Life's 'Guide to my Self-Invested Fund' and that I understand the information provided therein.

I understand and accept that I am responsible for all investment decisions and transactions which I instruct Irish Life (or parties acting for Irish Life) to add or remove from my Self Invested Fund and that Irish Life will not be responsible in any way for such decisions or transactions. I understand and accept that Irish life will not be liable for the acts, omissions or errors of third parties in relation to my Self Invested Fund.

I understand and accept that the types and levels of risk which may attach to my Self-Invested Fund will vary and could be very significant depending on the investment decisions which I instruct Irish Life to transact on the fund, and that it is my responsibility to ensure that I have sought and obtained any advice required in relation to such investments and to be satisfied as to their suitability for the Scheme, my requirements, and my attitude to risk.

I further understand that Irish Life reserves, at its absolute discretion, the right to reject any investment instructions which are received from me and that in so doing Irish Life is not in anyway assessing the suitability of such instructions for me and is acting only to ensure that Irish Life complies with legislative and/or other general administrative or practical limitations which Irish Life applies to such funds.

I understand and accept that the charges and expenses incurred within the Self-Invested Fund are not fixed and can vary depending on the investment instructions which I give to Irish Life and on the 3rd parties which may be required to carry out such instructions.

I understand and accept that the contributions I have instructed to be invested in the Self-Invested Fund will be held initially in a non-interest bearing cash account, which forms part of the Plan, until I have given Irish Life further investment instructions and any additional information required to execute these instructions.

Signature

Duly authorised to sign for and on behalf of the trustee

## 11. Data Protection Act (to be read by the employee)

The information you give here will be used to process this application on computer. We may also use this information to send you details of other products from the companies within the Irish Life and Permanent Group (a financial services group mainly made up of life assurance, banking and personal finance companies). For this purpose, we may pass this information to the other companies within the group.

If you do you not wish to receive such Direct Marketing information please tick here

☐

### Note

The option to decline this service may be exercised any time in the future (even if you do not tick this box) by simply writing to the Marketing Department, Irish Life, Lower Abbey Street, Dublin 1.

## 12. Revenue Information

Address of the registered office of the employer

What is the employee's basic annual salary assessable for Schedule E income tax

€  per annum

Date present employment started

 /  / 

Does the employee alone, or together with his or her spouse and/or minor children, directly or indirectly own or control more than 5% or more than 20% of the voting rights of the employer

Yes ☐ No ☐

If YES, please tick

Over 5% ☐ Over 20% ☐

Does the employee have other pension benefits from previous/current employments?

Yes ☐ No ☐

If YES, please complete the Previous Pension details (Section 12) below

Please give plan numbers of any existing Irish Life Pension contracts in respect of this employee

Employee's tax district

Employer's tax district

Employer's PRSI Number

## 13. Previous pension details

	Defined benefit Company scheme	Defined Contribution Company scheme	Personal Pension (including self-employed)
Pension – current employment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pension – previous employment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Normal retirement age	<input type="text"/>	<input type="text"/>	
Current Value		€ <input type="text"/>	€ <input type="text"/>
Members pension % of salary	<input type="text"/>		
Escalation	<input type="text"/>		
Spouse's pension % of above	<input type="text"/>		
Escalation	<input type="text"/>		
Contribution amount	€ <input type="text"/> per <input type="text"/>	€ <input type="text"/> per <input type="text"/>	
Percentage paid by employee	<input type="text"/> %	<input type="text"/> %	
Death benefit	€ <input type="text"/>	€ <input type="text"/>	

### Note

#### Defined benefit

A defined benefit scheme provides a guaranteed pension at retirement e.g. 2/3rds of final salary.

#### Defined Contribution

The pension from a defined contribution scheme depends on the size of the accumulated fund at retirement.

## 14. Employer Declaration to Irish Life

I declare that all the answers to the above questions are in every respect true and correct and that this Application and Declaration shall form the basis of the contract between the Employer and Irish Life Assurance plc (Irish Life). I declare that I have applied for the product(s) as indicated above and that I have selected specific conditions to apply as indicated. 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 the product(s) are conditional on the approval of the arrangement by the Revenue Commissioners as an exempt approved scheme under the Taxes Consolidation Act 1997.

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 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 authority or, as required by law to other insurance companies or to other companies in the Company's group.

I acknowledge and I understand and accept that the contract to which this application form and declaration applies is between Irish Life and me, the Trustee. Irish Life does not and will not have any contractual relationship with the employee scheme member. I further acknowledge that the operation of any investment discretion granted to the scheme member in the Scheme Rules will be a matter between the trustee and the member. Irish Life will act only on the my (the trustee's) instructions and will not be liable for any loss caused by any reason whatsoever in not acting on an instruction received from the member. I acknowledge that I as the trustee am responsible for ensuring that the employee (member) has been/ will be provided with all information required by relevant pension's legislation and all information necessary to enable him/her to exercise any discretion allowed under the Scheme Rules in relation to investment choice.

Signature   
Duly authorised to sign for and on behalf of the Employer, and as Trustee where relevant

Status  Date  /  /

### Note

#### Inflation Protection

If you select this option, your cover will increase by 5% each year and your contribution 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.

### Note

Age restrictions may apply. See your plan document for more details.

## 15. Company Pension Term Assurance

Please specify the amount of cover required and tick as appropriate

Normal retirement age	<input type="text"/>	(state age between 60 and 70)		
Life cover required	€ <input type="text"/>			
Inflation Protection	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Guaranteed Life Cover Again	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Term assurance contribution	Employer € <input type="text"/>	Employee € <input type="text"/>	AVC € <input type="text"/>	Total € <input type="text"/> per <input type="text"/>
What date do you want the direct debit to take place (1st to 28th of the month)?	<input type="text"/> / <input type="text"/> / <input type="text"/>			

# Medical Questions - to be completed by the employee

## 16. Medical information for Life Cover and Contribution Cover

1 What is your precise occupation?	<input type="text"/>			
2 Does your occupation involve you working at heights of greater than 30 feet, or underground, using explosives or working on an oil rig or at sea?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3 (a) Please state your home address	<input type="text"/>			
(b) Please give the name and address of your doctor. If you have changed doctor in the last year, please give the name and address of your previous doctor as well.	<input type="text"/>			
4 Please give your height and weight.	feet	inches	stones	pounds
5 Have you ever suffered from or had treatment for any of the following?				
Heart disorder, stroke, rheumatic fever, high blood pressure or blood disorder.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asthma, bronchitis or another lung disorder.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Multiple sclerosis, numbness, epilepsy, blackouts, paralysis or double vision.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Kidney or bladder disorder.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes or a stomach, liver or bowel disorder.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cancer or other growth or tumour.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mental or nervous disorder.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Back, arthritic or muscular disorder.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Disorder of the eyes or ears (other than wearing prescribed glasses or contact lenses).	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other illness, injury or condition for which you have had medical advice in the last five years.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6 Have you had a surgical operation in the last five years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7 Have you in the last five years had or been advised to have any special investigations, blood or laboratory tests?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8 Are you currently taking prescribed drugs, medicines, tablets or other treatment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9 Are you currently unwell or receiving medical treatment of any kind which you have not mentioned in the answers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10 Have you ever tested positively for HIV or AIDS, Hepatitis B or Hepatitis C or are you waiting for the result of this kind of test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
11 Have you ever taken drugs for other than medical purposes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
12 How much tobacco do you smoke, on average, each day?	<input type="text"/>			
13 Have you smoked tobacco of any kind in the past 12 months or do you intend to smoke in the future?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
14 How much alcohol do you drink each week?	<input type="text"/>			
15 Have you any intention or prospect of				
(a) living or travelling outside the EU other than for holidays?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) taking part in any kind of dangerous activity as a result of your hobbies or pastimes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Note

Please tick the box marked Yes or No whichever is appropriate. If you answer Yes to any questions please give full details. If you need more space, please fill in the Other medical evidence section. Please fill in the supplementary medical conditions questionnaire if this is appropriate.

### Important - Telling Irish Life about Material Facts.

Please remember that you must tell us everything relevant when answering all of the questions on the application form. 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. If this happens 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. 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.

You do not need to 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 may also be asked to give us full information about your family history, including all genetic conditions.

If there is anything not covered by the questions on this form that you think we should know, please tell us. You can use the section 'Other medical evidence' to provide any additional information. If your health changes before cover starts, you must let us know immediately.

### Note

If your health changes before your cover starts, you must let us know immediately.

16 Have you ever applied to Irish Life or any other insurer and been refused, postponed or accepted on special terms for life cover, disability or illness cover?

Yes ☐ No ☐

17 Do you have other cover with Irish Life?

Yes ☐ No ☐

If 'Yes', please give the policy numbers

18 Have your parents or any of your brothers or sisters suffered or died from heart disease including cardiomyopathy, stroke, kidney disease, cancer, multiple sclerosis, Huntington's chorea, polycystic kidneys, polyposis of the colon or other hereditary disorder before age 60?

Yes ☐ No ☐

If 'Yes', please fill in the sections below for relatives who are or were affected by the illnesses shown. Please give the age when they began. If your relative had cancer, tell us which part of their body was affected first.

		Condition suffered	Age when it started
If living	Father		
	Mother		
	Brothers		
	Sisters		
If dead	Father		
	Mother		
	Brothers		
	Sisters		

#### Note

Cardiomyopathy is a disease affecting the heart muscle. Huntingtons chorea is a hereditary disorder which affects the central nervous system. Polycystic kidneys is a disease where cysts develop in the kidneys. Polyposis of the colon is a disease where growths occur in the bowel.

## 17. Questions for Contribution Cover

19 Do any of the following form an essential part of your work?

If 'Yes', please provide full details, including average weekly business miles for driving and the average height for working at heights along with the percentage of your average working week you spend on each activity.

(a) Manual work

Yes ☐ No ☐  %

(b) Driving

Yes ☐ No ☐  %

If 'Yes', how many miles each week?

(c) Using machinery or tools

Yes ☐ No ☐  %

(d) Working at heights

Yes ☐ No ☐  %

What is the average height you work at?

(e) Do you work more than 50 hours in an average working week?

Yes ☐ No ☐

If 'Yes', give the number of hours

 hours

#### Important notes

##### Change of occupation or employment status (Contribution Cover only)

You must tell us immediately about any change in occupation during the course of the contract. If you do not do this, we may not pay a claim. If you become unemployed your cover ends.

##### Limits to the amount we will pay (Contribution Cover only)

We will pay only up to certain limits in relation to actual earnings in the period preceeding any claim - these limits and deductions are detailed in the policy terms and conditions.

#### Note

Where appropriate, customers should fill in the Supplementary Medical Conditions Questionnaire.



## 18. Declaration (applying to medical questions only)

This form is my application for cover under Irish Life's normal conditions. I understand that risk benefits with Irish Life Assurance plc will be based on this declaration, the application form and any information I give to a medical examiner acting for Irish Life and all terms and conditions furnished to me by Irish Life.

I understand that I must tell Irish Life about any changes in my health or circumstances before this insurance starts. I understand that this insurance will not start until you have accepted me for cover and I have paid the first payment. I have read over the replies to all the questions in this application form and declare that all statements, as well as those about tobacco consumption (including any statements written down for me) are true and complete.

I have read and understand the note concerning telling Irish Life about material facts and understand that if I do not tell Irish Life all material facts this contract could be void. I agree that Irish Life may get information from any doctor who at any time has attended me concerning anything which affects my physical or mental health and I authorise them to give Irish Life this information. Irish Life may also get information from any insurance company and I also authorise them to give Irish Life this information. I agree that this authority will stay in force after my death as well as before.

I understand that if Irish Life turns down an application for insurance or accepts it under special terms, this information will be noted on a central registry administered by the Irish Insurance Federation even if my application does not result in a plan being issued. Irish Life may retain and share this information with other companies as a protection against not being given material facts and to facilitate any future applications by me. I agree that this information (including any medical data) can be held for six years by Irish Life.

I authorise Irish Life Assurance plc (ILA) and its agents to hold and process information in connection with this contract(s) or transaction(s). 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, to reinsurers, to health professionals, to any persons with whom the company has a contract as a service provider, to other insurance companies to other companies in the Company's group and to any person to whom the policy may be assigned.

Signature of employee

Date

### Note

All customers answering medical questions must sign and date this declaration.

### Note

You can ask us for a copy of your filled in application form.



## 19. Other medical evidence

If appropriate, you should fill in the supplementary medical conditions questionnaire.

[illegible]

Please ensure that the employer has completed the declaration in section 13. The employee should complete the declaration in section 19 if protection benefits are required.

## FOR OFFICE USE ONLY

Navigator		Complete Solutions	
I	R		
%	%	Flat <input type="text"/> % 	Plan Charge: 0% <input type="text"/> 0.25% <input type="text"/> 0.5% <input type="text"/> 
			Initial or <input type="text"/> Fund based <input type="text"/>

## Direct Debit

Note: If you want to pay payments through your bank or building society account you must fill in and sign this form. When you have signed this form. Please return it to Irish Life Assurance plc, Lower Abbey Street, Dublin 1. 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sorting Code	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Account holders name(s)																

I/we authorise 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	Joint signature (if applicable)	Date
		/ /

For completion by Irish Life

Due dates on

and, following the first payment

every month ☐ every 3 months ☐

every 6 months ☐ every year ☐

Cloas originators ID no.

3 0 3 5 8 7

Originators reference

□ □ □ □ □ □ □ □ □ - □ □  
(Policy no.)

(Policy no.)

/								
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(Reference)



Irish Life

Irish Life, Lower Abbey Street, Dublin 1.

# Direct Debit Mandate

## on reverse



**Irish Life**

Lower Abbey Street  
Dublin 1 Ireland  
Telephone 01 704 2000  
Fax 01 704 1900

ILA 0489 (REV 01-07)