

Application Form - Brokerage

In completing this proposal form please note:

ARF/AMRF products are designed to allow you to control your pension fund and you can determine the rate at which you take withdrawals from the fund. However, depending on the investment return, the rate of withdrawals and how long you live in retirement, there is no guarantee that the fund will last for your lifetime. Before completing this application form please ensure you have read and understood the product booklet.

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application.

1. FINANCIAL ADVISER DETAILS

Financial adviser name

Financial adviser code Profile -

2. PERSONAL DETAILS

Title (Mr/Mrs/Ms) First Name

Initial (if applicable) Surname

Previous Surname (if any)

Home address

Date of Birth / / Male ☐ Female ☐

Marital Status Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

E-mail address (if applicable)

Contact Phone Numbers Home Mobile

PPS Number - PPS Number should contain 7 digits and 1 or 2 letters

3. CONTRIBUTION DETAILS

In ALL cases a Source of Investment Certificate (available at www.bline.ie) must be completed by the Insurance Company, QFM, PRSA provider or Trustee(s) transferring the money. Please submit a Source of Investment Certificate for completion direct to the relevant institution, together with their completed claim documentation.

Total Fund € , , .

Tax - free lump sum € , , .

Complete Solutions AMRF 1 € , , . Complete Solutions AMRF 2 € , , .

Complete Solutions ARF 1 € , , . Complete Solutions ARF 2 € , , .



4. FUND DETAILS

Please see your Fund Guide for a full list of available funds. You can split your investment between up to 10 funds

	ARF %	AMRF %
Global Cash Fund	<input type="text"/>	<input type="text"/>
Indexed Euro Short Dated Bond Fund	<input type="text"/>	<input type="text"/>
Core Fund	<input type="text"/>	<input type="text"/>
Indexed Euro Corporate Bond Fund	<input type="text"/>	<input type="text"/>
Dynamic Global Equity Fund	<input type="text"/>	<input type="text"/>
Consensus Fund	<input type="text"/>	<input type="text"/>
Infrastructure Equities Fund	<input type="text"/>	<input type="text"/>
UK Property Fund	<input type="text"/>	<input type="text"/>
Fidelity European Opportunities Fund	<input type="text"/>	<input type="text"/>
Bloxham High Yield Fund	<input type="text"/>	<input type="text"/>
Indexed Commodities Fund	<input type="text"/>	<input type="text"/>
Indexed Emerging Markets Equity Fund	<input type="text"/>	<input type="text"/>
Fidelity India China Fund	<input type="text"/>	<input type="text"/>

	ARF %	AMRF %
Self-Invested Fund*	<input type="text"/>	<input type="text"/>

* A minimum of 3% of the payment must be set aside in a unit linked fund to pay the minimum withdrawal amount. This means the maximum percentage for an ARF is 97%. The minimum amount required to open a Self-Invested Fund is €50,000 or €20,000 if selecting the deposit investment. **Please complete a separate Investment Instruction Form.**

Other Funds	ARF %	AMRF %
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. ELIGIBILITY FOR ARF

Please answer the following questions if you are taking out an ARF. If you cannot answer 'Yes' to at least one of the four questions below, you must pay €63,500 (or such lesser amount where the fund is less than €63,500) into an Approved Minimum Retirement Fund until you reach age 75.

Yes ☐ **I have used or I am in the process of using at least €63,500 of my pension fund to invest into an Approved Minimum Retirement Fund (including this application) or to purchase a pension for life, from Irish Life or another provider.**
Please attach written confirmation from Qualifying Fund Manager or Insurance Company with this application.
Alternatively, please supply the following details and Irish Life will contact the Qualifying Fund Manager or Insurance Company for confirmation of this.

Name of Provider

Address of Provider

Policy or Reference Number

Amount Paid € , .

Yes ☐ **I have a guaranteed pension for life of at least €12,700 per annum, including State Pension Entitlements.**
Please attach proof of income e.g. copy payment advices, letter from administrator, annuity schedule, etc.

Examples of a guaranteed pension for life include a personal annuity, the State Transition Pension or the State Pension (Contributory).

Yes ☐ **I am aged over 75** - Please provide proof of age e.g. copy birth certificate, copy of passport, etc

Yes ☐ **I have inherited these funds following the death of the original ARF/AMRF investor**

6. CASH WITHDRAWAL AND MINIMUM WITHDRAWAL AMOUNTS FOR ARF

Please Note: Due to the imputed distribution requirements introduced by the Finance Act 2006, we will deduct a minimum withdrawal of 3% of the value of the ARF during December each year. This is automatically deducted from your ARF if you are aged 60 or over (or AMRF where you are aged 75 or over) each December and paid to you net of income tax and levies. For more information please see your product booklet or speak to your financial adviser.

Optional Regular Withdrawal – ARF only

You can choose to take a regular withdrawal from your ARF, however you must choose a withdrawal level of 3% or greater.

If you wish to take a regular withdrawal from your ARF please indicate below the annual withdrawal you would like to draw down as a percentage of the value of your fund. We will pay the net amount to the account you have provided below.

3% ☐ 4% ☐ 5% ☐ 6% ☐ 7% ☐ 8% ☐ 9% ☐ Other (Max 15%) %

Payment Frequency Monthly ☐ Quarterly ☐ Half yearly ☐ Yearly ☐ Regular Withdrawals to start / /

Name of bank/ building society

Address of bank/ building society

Account number Sorting Code - -

Account holders name(s)

7. DIRECT MARKETING CONSENT (only to be completed if product is taken out through an Irish Life Financial Adviser or tied agent)

The information you give here will be used to process your application on computer. We may also use this information to send you details of other products from the companies within the Irish Life & 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 not wish to avail of this service, please tick here. ☐

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

8. DECLARATION UNDER REGULATION 6(3) OF THE LIFE ASSURANCE (PROVISION OF INFORMATION) REGULATIONS, 2001

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 ☐

Ref:Policy Number

Declaration of Intermediary

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

Name of Client

(the client) 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

9. DECLARATION UNDER SECTION 784B AND 784D TAXES CONSOLIDATION ACT 1997

I the undersigned hereby declare that

1. I am beneficially entitled to the money and/or assets that are being transferred to the Approved Retirement Fund and/or Approved Minimum Retirement Fund.
2. The full amount of the money and/or assets being transferred is being transferred by virtue of the exercise of the option available to me under 772 (3A)(A) and s784(2A) of the Taxes Consolidation Act 1997, and/or was previously held in an Approved Retirement Fund/Approved Minimum Retirement Fund in my name or in the name of my spouse.

I authorise any insurance provider or any pension scheme trustees to provide Irish Life with details of any pension annuity being paid to me.

I undertake to provide Irish Life with any information required to administer my policy/policies.

I understand that my investment will not begin until Irish Life have received and accepted my investment, a fully completed application form and any other documentation or information requested. I understand that this form is an application for investment on Irish Life's standard terms subject to any variation from these proposed on my behalf by my Financial Adviser which may be accepted or rejected by Irish Life.

I understand that Irish Life is required to deduct tax from any payments to me. I understand that if Irish Life has not received the appropriate tax-free allowance certificate or tax deduction card from the Revenue commissioners in respect of my ARF/AMRF, then tax will be deducted at the higher rate of tax from ARF/AMRF payments and under the emergency system for Pension products.

I further declare that all of the answers in this application form are in every respect true and correct and I agree that the contract proposed between me and Irish Life plc will be based on this application and declaration.

I authorise Irish Life Assurance plc (ILA) and its agents to hold and process information (on computer or otherwise) in connection with this contract or transaction. This includes any other information supplied to or obtained by ILA separately. ILA may hold and process this information for administrative, customer care and service purposes. I consent to ILA disclosing this information to persons necessary in connection with this contract or transactions including regulatory authorities, other companies in the Company's group, other insurance companies or as required by law.

Signed (signature of client)

X

Date

dd / mm / yyyy

10. ADDITIONAL TRUSTEE DECLARATION (FOR TRANSFERS FROM COMPANY PENSION ARRANGEMENTS AND AVC SCHEMES ONLY)

The trustee needs to sign over the investment if the initial investment is from a Company pension plan, AVC pension plan, or any pension arrangement where there is a trustee.

I request that an AMRF and/or ARF be issued in the name of the employee in accordance with the details set out above.

Duly authorised to sign for and on behalf of the trustees

Name of Trustee

Signature

X

Duly authorised to sign for and on behalf of the trustees

Scheme Name

Revenue Approval Number

Date

dd / mm / yyyy

11. OTHER DETAILS

Use this space for other relevant details if required

Lower Abbey Street
Dublin 1 Ireland
T: 01 704 2000
F: 01 704 1900



Irish Life