

# Protected Consensus Bond Series 2

## Application Form

Financial adviser details

Region

Manager

Adviser Code

LARC Registration Number (where applicable)

### Your details (Please use block capitals)

Name in full (surname first) Mr/Mrs/Ms

Date of birth

/ /

Occupation

Proposer (if different from above)

Joint name in full (surname first)

Mr/Mrs/Ms

Date of birth

/ /

Occupation

Telephone number

Home

Work

Home address

E-mail address



**Irish Life**

#### Note

The Proposer is the owner of the investment. Only fill in here if the Proposer is different from the above.

#### Note

A 'Care of' address cannot be accepted.

### Investment details

I want to invest the amount shown below in the Protected Consensus Bond Series 2

Protected Consensus Fund

€

### Your income details

% per annum

First income payment date

/ /

Income paid every

month(s)

Monthly income can only be paid into a bank account

Please indicate the bank or building society to which the income can be paid

I hereby authorise the company to pay each installment of income as it becomes due

Branch Name

Address

Account Number

Sorting Code

Name of Account

#### Note

You may take a gross automatic income of up to 5% per annum. Please note that if the fund grows on average at a lower rate, your original investment may be reduced.

#### Note

Income can be taken every month, 3 months, 6 months or 12 months

# Declaration under regulation 6(3) of the Life Assurance (Provision of Information) Regulations 2001.

**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 that 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:

This plan does not replace an existing plan ☐ This plan does replace an existing plan ☐

Ref. Policy Number

**Declaration of Insurer or Intermediary**

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

\*(the client's name and address)

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 investment with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature  Date

Irish Life Assurance plc **OR** Insurance intermediary (please delete as appropriate)

**Declaration of Client**

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

Signature  Date

Signature (Joint Investor)  Date

## Declaration

I/we understand that the investment will start on the 7th working day of the following month after Irish Life has received and accepted a fully completed application form and any other documentation or information requested. Acceptance will not occur until the investment documentation has been issued.

I authorise Irish Life Assurance plc (ILA) and its agents to hold and process information 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 services purposes.

I/we understand that a copy of this application form is available on request.

Signature

Signature

(Joint Investor)

Signature of the Proposer

(if different)

Date

**Office use only**

Single ☐ Joint ☐

**Note Data Protection:**

The information you give here will be used to process your application on computer. We may use this information to send you details of other products from 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 the box. ☐

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