

Personal Pension - Data Capture Form

Data Capture Form - Brokerage

1. Financial Adviser details

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

Financial adviser details

<input type="text"/>		
Area <input type="text"/>	Manager <input type="text"/>	Code <input type="text"/>

2. Eligibility

1. Are you self-employed or a partner acting in some trade, profession or occupation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you an employed person or the holder of an office of employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, is one or more of your occupations non-pensionable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you an Irish resident for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Please give policy numbers of any existing retirement contracts with Irish Life	<input type="text"/>	
	<input type="text"/>	

3. New pension plans

Please select which product you require.

Complete Solutions Personal 1 ☐ Complete Solutions Personal 2 ☐ Pension Term Assurance ☐

4. Personal details

Title (Mr/Mrs/Ms)	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
First names	<input type="text"/>
Last name	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Marital status	Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>
Home address	<input type="text"/>
	<input type="text"/>
Previous surname	<input type="text"/> (if any)
Precise occupation	<input type="text"/>
Chosen retirement age	<input type="text"/>
Country of birth	<input type="text"/>
Current level of earnings or salary	€ <input type="text"/> p.a.
Home phone number	<input type="text"/>
Mobile phone number	<input type="text"/>
Office phone number	<input type="text"/>
E-mail address	<input type="text"/>



Irish Life

Note

All customers are asked to fill in the eligibility and personal details sections.

Note

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

Note

You can choose to retire at any stage between the ages of 60 and 75.

Note

Describe your occupation in full

5. Fund options

Low Risk

Cash Fund	<input type="text" value=""/>
Capital Protection Fund	<input type="text" value=""/>
Safe Deposit Fund	<input type="text" value=""/>

Medium Risk

Diversified Cautious Fund	<input type="text" value=""/>
Fixed Interest Indexed Fund	<input type="text" value=""/>
Diversified Balanced Fund	<input type="text" value=""/>
Pension Protection Fund	<input type="text" value=""/>
Indexed Euro Corporate Bond Fund	<input type="text" value=""/>
Consensus Cautious Fund	<input type="text" value=""/>

High Risk

Consensus Fund	<input type="text" value=""/>
Consensus Lifestyle (tick if applicable)	<input type="checkbox"/>
Bloxham Logic Fund	<input type="text" value=""/>
Diversified Growth Fund	<input type="text" value=""/>
Irish Life Active Managed Fund	<input type="text" value=""/>
Pension Property Fund (Irish property)	<input type="text" value=""/>
UK Property Fund	<input type="text" value=""/>
Property Portfolio Fund	<input type="text" value=""/>
Eurasia Property Fund	<input type="text" value=""/>
Eurasia Property Plus Fund	<input type="text" value=""/>
Irish Life Global Opportunities Fund	<input type="text" value=""/>
Global Select Fund	<input type="text" value=""/>

Other Funds

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

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

High Risk

Tomorrow's World Fund	<input type="text" value=""/>
Fidelity Managed International Fund	<input type="text" value=""/>
Fidelity EMEA Fund	<input type="text" value=""/>
Fidelity Global Property Shares Fund	<input type="text" value=""/>
Fidelity Global Special Situations Fund	<input type="text" value=""/>
Fidelity European Opportunities Fund	<input type="text" value=""/>
Fidelity India Fund	<input type="text" value=""/>
Fidelity China Fund	<input type="text" value=""/>
Fidelity India China Fund	<input type="text" value=""/>
Fidelity MASDF	<input type="text" value=""/>
Bloxham High Yield Fund	<input type="text" value=""/>
Bloxham Contrarian Fund	<input type="text" value=""/>
Bloxham Intrinsic Value Fund	<input type="text" value=""/>
Bloxham Global Alpha Fund	<input type="text" value=""/>
Consensus Equity Fund	<input type="text" value=""/>
Irish Equity Indexed Fund	<input type="text" value=""/>
UK Equity Indexed Fund	<input type="text" value=""/>
European Equity Indexed Fund	<input type="text" value=""/>
North American Equity Indexed Fund	<input type="text" value=""/>
Japanese Equity Indexed Fund	<input type="text" value=""/>
Pacific Equity Indexed Fund	<input type="text" value=""/>
Indexed Commodities Fund	<input type="text" value=""/>

Please see your Fund Guide for a list of all funds available.

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
Transfers out of the Capital Protection 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 Advisor.

6. Payment details

Regular contribution amount

What date are your contributions to start? / /

Frequency of payment: ☐ monthly ☐ quarterly ☐ half-yearly ☐ yearly

Do you want your contributions to increase in line with inflation? Yes ☐ No ☐

Method of regular payment: ☐ direct debit ☐ cheque/cash (annual payments only)

What date do you want the direct debit to take place (1st to 28th of the month)? / /

Lump sum contribution amount (by cheque only)

Note

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

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.

7. Standalone Personal Pension Term Assurance Details

Please specify the amount of cover required and tick as appropriate

Age at which cover should cease Life cover required €

Inflation Protection Yes ☐ No ☐ Guaranteed Life Cover Again Yes ☐ No ☐

Term assurance contribution €

How often do you wish to make your contribution? ☐ monthly (direct debit) other, please specify

What date do you want the direct debit to take place (1st to 28th of the month)? / /

Please complete medical questions 1-17 in section 8.

Note

Guaranteed 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 and terms available in the policy document. The option of Guaranteed Life Cover again only applies to a maximum Life Cover of €1 million.

These limits are in respect of the total cover converted across all policies belonging to the life assured.

8. Medical Questions

Person to be covered

1 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.

2 Are you currently proposing for life assurance or critical illness cover with this or any other life office? If yes, please complete

Amount
Type of cover
Offices proposed to

 feet inches

 stone pounds

 cms kgs

3 Height and Weight.

or alternatively

4 (a) Have you smoked tobacco of any kind in the past 12 months or do you intend to smoke in the future? YES ☐ NO ☐

(b) Do you consume any other form of tobacco. YES ☐ NO ☐

If YES, please supply details

If you smoked tobacco of any kind in the last 12 months or you intend to smoke in the future, please fill in the following : units per week

Cigarette Smoker per day

Cigar Smoker per day

Pipe Smoker Grams per day

Please include each type of tobacco you consume on a daily basis. A pipe smoker should indicate the number of grams per day. It is our practice to carry out occasional testing to confirm non smoker status.

5 Alcohol consumption (total number of units) per week

Unit Guide: Pint of Beer - 2.0 units, Bottle of Beer - 1.5 units, Glass of Beer - 1.0 units, Measure of Spirits - 1.0 units, Bottle of Wine - 7.0 units, Glass of Wine - 1.0 units.

If you answer 'YES' to any question please give details (including name of condition, dates and medication) in the section entitled "Other Medical Information" overleaf.

6 Have you ever suffered from or had treatment for

(a) heart disorder, stroke, rheumatic fever, high blood pressure or blood disorder? YES ☐ NO ☐

(b) asthma, bronchitis or another lung disorder? YES ☐ NO ☐

(c) multiple sclerosis, numbness, epilepsy, blackouts, paralysis or double vision? YES ☐ NO ☐

(d) kidney or bladder disorder? YES ☐ NO ☐

(e) diabetes or a stomach, liver or bowel disorder? YES ☐ NO ☐

(f) cancer or any other growth or tumour? YES ☐ NO ☐

(g) a mental or nervous disorder? YES ☐ NO ☐

(h) slipped disc, back, arthritic or muscular disorder? YES ☐ NO ☐

(i) disorder of the eyes or ears (other than wearing prescribed glasses or contact lenses)? YES ☐ NO ☐

(j) any other illness, injury or condition for which you have had medical advice in the last five years? YES ☐ NO ☐

- 7 Have you had a surgical operation in the last five years? YES ☐ NO ☐
- 8 Have you in the last five years had or been advised to have any special investigations, blood or laboratory tests? YES ☐ NO ☐
- 9 Are you currently taking prescribed drugs, medicines? YES ☐ NO ☐
- 10 Are you currently unwell or receiving medical mentioned in the answers given above? YES ☐ NO ☐
- 11 Have you ever taken drugs for other than medical purposes? YES ☐ NO ☐
- 12 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? If YES, please supply details. YES ☐ NO ☐
- 13 Have you any intention or prospect of taking part in any kind of dangerous activity as a result of your hobbies or pastimes? If YES, please supply names of hobbies and details. YES ☐ NO ☐
- 14 Have you any future intention of living or travelling outside of the EU, North America, Australia or New Zealand, other than for holidays or have you lived outside these areas in the past for longer than 12 months? If YES, please supply names of countries, reasons for visits and duration of stays. YES ☐ NO ☐
- 15 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 ☐
- 16 Have your parents or any of your brothers or sisters suffered or died from heart disease including cardiomyopathy, stroke, kidney disease, cancer (bowel, breast, ovarian or other), motor neurone disease, multiple sclerosis, Huntington's disease, polycystic kidneys, polyposis of the colon or other hereditary disorder before age 60? Note: If you are adopted please answer "no" to this question. If your relative had cancer, please tell us which part of the body was affected first. YES ☐ NO ☐

		Condition suffered	Age when it started
If living	Father	<input type="text"/>	<input type="text"/>
	Mother	<input type="text"/>	<input type="text"/>
	Brothers	<input type="text"/>	<input type="text"/>
	Sisters	<input type="text"/>	<input type="text"/>
If dead	Father	<input type="text"/>	<input type="text"/>
	Mother	<input type="text"/>	<input type="text"/>
	Brothers	<input type="text"/>	<input type="text"/>
	Sisters	<input type="text"/>	<input type="text"/>

Other medical information

17. Is there a FAST TRACK UNDERWRITING QUESTIONNAIRE or any other questionnaires accompanying the application form? YES ☐ NO ☐

If YES, please indicate which type of Questionnaire

PLEASE TAKE TIME TO REVIEW YOUR ANSWERS TO THE QUESTIONS.



Irish Life

Lower Abbey Street
Dublin 1 Ireland
Telephone 01 704 2000
Fax 01 704 1900
www.irishlife.ie

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