



Irish Life

PROTECTION: CUSTOMER APPLICATION BOOKLET

Protection products are brought to you by Irish Life Assurance plc (Irish Life)

Please ensure you read all declarations carefully before signing.

1 PERSONAL DETAILS (please complete in BLOCK CAPITALS)

Proposal number

First person to be covered

Mr ☐ Mrs ☐ Ms ☐ Other ☐

Gender Male ☐ Female ☐

Last name

First name

Date of Birth / /

Second person to be covered

Mr ☐ Mrs ☐ Ms ☐ Other ☐

Gender Male ☐ Female ☐

Last name

First name

Date of Birth / /

Existing cover with Irish Life or Irish Progressive

If you have existing cover with Irish Life or Irish Progressive which you wish to cancel when your new plan is issued please complete this section

Plan number(s)

Is this plan currently assigned to a lender Yes ☐ No ☐

(if yes please read the following important note)

You must arrange with your lender to release the assignment of your plan(s) and when we receive the release of assignment we will then cancel your existing cover. We will not be in a position to refund any further payments collected in the mean time.

Would you like to cancel the above plan number(s) when your new cover has been issued Yes ☐ No ☐

Financial Adviser Code

Financial Adviser Email Address Phone Number

Confirmation Checklist (for adviser)

Please ensure that you have completed the following actions before submitting the application.

Online process and material facts note given to the customer.

Customer Information Notice given to the customer.

Declaration signed by the customer.

Direct Debit Mandate signed by the customer.

Proposal Number and Personal Details completed in section above.

2 DATA CONSENTS

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 or in conjunction with any applications made by me (or subsequently), including sensitive personal data (being medical records) and/or financial details for the purposes of underwriting, issuing and administering all aspects of the plan.
- 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 Irish Life and to any person to whom the plan may be assigned.

We will use this information you give here to process your application on computer. You have the right to access, update and rectify your personal details by writing to the Irish Life, Lower Abbey Street, Dublin 1.

3 DECLARATION TO IRISH LIFE ASSURANCE PLC (IRISH LIFE)

I understand that this declaration, together with the other declarations and consents made by me in this booklet and in my online application form (a copy of which will be sent to me shortly and which is based on the information given by me to Irish Life) is my application for cover under Irish Life's normal conditions.

I understand and agree that my contract with Irish Life Assurance plc (Irish Life) will be based on the declarations and consents in this booklet, my application form completed (online or otherwise), any supplementary questions answered, any statements made to Irish Life's underwriting team in response to any phone calls received, any information I give to a medical examiner acting for Irish Life and all terms and conditions furnished to me by Irish Life.

I have read and understand the important information concerning my obligation to tell Irish Life about all material facts in connection with the application (Online application process and telling Irish Life about material facts) in this booklet and I understand that if I do not tell Irish Life all material facts, this contract could be void. If this happens, there will be no cover under the plan and Irish Life will not refund my premiums. In these circumstances, Irish Life will not pay a claim.

I declare that all statements recorded in answer to the questions in my application form (online or otherwise) including those about tobacco consumption (together with any statements written down for me) are true and complete. I understand that I will receive a copy of the application form questions and my answers for my own records.

I understand that I must tell Irish Life in writing about any changes in my health or circumstances between the time I applied for cover and the date my application is accepted. I understand that this plan will not start until Irish Life has accepted me for cover and I have paid the first payment.

I consent to Irish Life obtaining information from or sharing information with

- any doctor who at any time has attended me concerning anything which affects my physical or mental health
- any health professional for the purpose of processing my application or
- any insurance company where I may have applied or may make a claim.

I authorise Irish Life to access and receive this information. I agree that this authority will stay in force after my death. I agree that this information (including any medical data) can be held for six years.

NOTE: Your signature here covers you for section 2 and 3 of this booklet

Proposal number

Signature of first person to be covered

Date

Signature of second person to be covered (where applicable)

Date (if different from above date)

Signature of plan owner (proposer) if different from the people to be covered

4 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 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 adviser.

Ref. Plan Number

Please complete this section by ticking the appropriate box: Yes, the plan is a replacement of an Irish Life (or Progressive Life) plan. ☐

Yes, the plan is a replacement of a plan from another Life company. ☐ No, the plan is not a replacement plan. ☐

Declaration of Insurer/Financial Adviser

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

(Customer name and address)

has been provided with the information specified in Schedule 1 (Customer Information Notice) to those Regulations and that I have advised the customer as to the financial consequences of replacing an existing plan with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of Adviser

Date

/ /

Declaration of Customer(s)

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

Note: If the plan owner (proposer) is different from the life assured, this declaration must be signed by the plan owner

Signature

Signature of second person to be covered (where applicable)

Date

/ /

Date

/ /

DIRECT DEBIT INSTRUCTION

Instruction to your Bank to pay Direct Debits

 **Irish Life**



Originators Identification No.(OIN)

Please complete parts 1 to 4 to instruct your Bank to make payments directly from your account. Then return the form to:-
Irish Life, Lower Abbey Street, Dublin 1.

Originators Reference (Max 18 chars)

1 Please write the name & full address of your bank & branch

Bank

Branch

2 Name of account holder

3 Sort Code

- -

Account Number

4 Your instructions to the Bank, and your Signature

- I instruct and authorise you to pay Direct Debits from my account at the request of Irish Life plc.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also so notify Irish Life plc of such cancellation.

The Direct Debit Guarantee

- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then
 - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
 - Your Bank will accept and pay such debits, provided that your account has sufficient available funds
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed an immediate refund by your Bank of the amount so charged where you notify your bank without undue delay on becoming aware of the unauthorised Direct Debit, and in any event no later than 13 months after the date of debiting of such Direct Debit to your account.
- You are entitled to request a refund of any Variable Direct Debit the amount of which exceeded what you could have reasonably expected, subject to requesting your Bank within a period of 8 weeks from the date of debiting of such Direct Debit to your account.
- You can instruct your Bank to refuse a Direct Debit payment by writing in good time to your Bank.
- You can cancel the Direct Debit Instruction in good time by writing to your Bank.

Signature(s)

Date

/ /

Important information

Important – Online application process and 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. This includes disclosing tobacco consumption. If failure to reveal all facts occurs 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. If there is anything not covered by the questions on this form that you think we should know, please tell us in the section 'Other medical evidence'. We may also contact you by telephone if we need to ask you for further information on your answers to the health questions or as part of any subsequent claim investigation. If we phone you these calls will be recorded.

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 with your name, date of birth and application number (if applicable) and give this to your financial adviser. In these circumstances you must refer to this information when answering your health questions.

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

If your health changes between the time you apply for cover and the date your application is accepted, you must let us know immediately, as failure to do this may result in a claim being refused.

If for whatever reason there is more than a 6 month delay between the time your application is accepted and the date your plan starts (is issued), and your health has changed then you must also let us know immediately.



Irish Life

Contact us

Phone: 01 704 1010

Fax: 01 704 19 00

e-mail: customerservice@irishlife.ie

Website: www.irishlife.ie

Write to: Irish Life Assurance plc, Lower Abbey Street, Dublin 1.

In the interest of customer service, we will record and monitor calls.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

Irish Life Assurance plc is registered in Ireland number 152576, vat number 9f55923g.