

# Irish Life 50+ Easy Life Cover application form



Irish Life

Please complete this form in BLOCK CAPITALS and in black ink

For office use only

Seller code:

## 1. Your details

Gender: Male ☐ Female ☐

Title: Mr ☐ Mrs ☐ Ms ☐

First name:

Last name:

Date of birth:  Age:

Phone number

Home:

Work:

Mobile:

Your home address:

Your e-mail address:

## 2. Your regular payments (please see the relevant benefits table provided based on your gender)

Please tick the box beside the monthly payment you want to make

€15 ☐ €20 ☐ €30 ☐ €45 ☐ €55 ☐

## 3. 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 adviser.

### Declaration of customer

All customers should tick the relevant box and sign the customer declaration below

No, the policy is not a replacement policy ☐ Yes, the policy is a replacement policy ☐

Existing Policy Number

Your policy will not automatically be cancelled. Please notify your provider if this is required.

### Customer Declaration (Customer to sign as indicated X)

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

Signature of Customer

Date

continued overleaf >

## DECLARATION OF INSURER OR INTERMEDIARY

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

X (insert client 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 policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement

Name of insurer or insurance intermediary

X

Date

DD / MM / YYYY

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## 4. Declaration

**This form is my application for cover under Irish Life's 50+ Easy Life Cover plan conditions.**

I understand that my contract(s) with Irish Life Assurance plc (Irish Life) will be based on this declaration and my application form.

I have read over my replies to all the questions in this application form and declare that all details are correct.

I have read and understand the exclusions that apply to the accidental death benefit.

I understand that cover shall not commence until all of the following events have taken place:

(i) this application for cover has been accepted by Irish Life,

(ii) the first premium has been charged to my account.

I authorise Irish Life Assurance plc (Irish Life) 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 Irish Life separately. Irish Life may hold and process this information for administrative, customer care and service purposes. I agree that my personal data can be disclosed 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 Customer

X

Date

DD / MM / YYYY

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## 5. No review declaration (if advice was given please sign section 4 only)

**This form is my application for cover under Irish Life's 50+ Easy Life Cover plan conditions.**

I confirm that I have specified the level of payment I wish to make for his plan. I have read and understand all the information supplied. I understand that as I have not had to disclose any medical information on this plan that the cost of this cover is higher to reflect this. I have chosen not to take the offer of a Free Financial Review and I am aware that I could have pursued an alternative Life cover option by completing a Financial Review:

Signature of Customer

X

Date

DD / MM / YYYY

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## 6. Data Protection Act

The information you provide here may also be used in deciding whether to send your details about other services available from Irish Life that might be of interest to you. If you do not wish to avail of this service, please tick the box:



## Direct Debit

To the manager of

X

bank or building society

Address of bank or building society

\_\_\_\_\_

Account number

\_\_\_\_\_

## Sorting Code

|  |  |  |  |  |  |
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Name of account the  
money is to be taken from

I instruct 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 tell the bank in writing if I want 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.

Signature

X

Date

DD / MM / YYYY

For our use only

Originator's identification number

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 3 | 0 | 3 | 5 | 8 | 7 |
|---|---|---|---|---|---|

Originator's reference

|  |  |  |  |  |  |  |  |  |
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(Policy number)

10/10

(Reference)

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Irish Life, Lower Abbey Street, Dublin 1.

We cannot accept instructions to charge direct debits to a deposit or savings account.

For office use only

Plan number

\_\_\_\_\_

Due dates on

DD / MM /YYYY

and following the first payment: every mth



## **Direct Debit on reverse**

Address: Irish Life  
Lower Abbey Street  
Dublin 1  
Ireland

Telephone: 01 704 1010  
Fax: 01 704 1900  
Web: [www.irishlife.ie](http://www.irishlife.ie)  
Email: [customerservice@irishlife.ie](mailto:customerservice@irishlife.ie)