

Complete Solutions Personal Retirement Savings Account (PRSA)



Irish Life

Application Form

NOTE: THIS FORM IS FOR A PRSA CONTRACT. IT SHOULD NOT BE USED FOR A PRSA AVC. A SEPARATE APPLICATION FORM IS AVAILABLE FOR PRSA AVCS.

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

1. FINANCIAL ADVISER DETAILS

Financial adviser name

Financial adviser code

Profile number
Regular contribution - Single contribution -

2. PRODUCT SELECTION

Please tick which product you require.

Complete Solutions PRSA Standard ☐

Number of plans (if more than one) (2 to 10)

Complete Solutions PRSA Options ☐

Number of plans (if more than one) (2 to 10)

(This is a non-Standard PRSA)

If more than one plan, do you want them invested in the same way? Yes ☐ No ☐

If no, please complete this form and a supplementary PRSA application form

3. ELIGIBILITY

1. Are you an Irish resident for tax purposes? Yes ☐ No ☐

2. PPS Number -

PPS Number should contain 7 digits and 1 or 2 letters

3. Are you self employed? Yes ☐ No ☐

If Yes,

Are you Agricultural self-employed ☐

Other self-employed ☐

4. Are you an employee? Yes ☐ No ☐

If Yes,

a) what is your occupation?

Trades, crafts & related ☐

Manager, professional & administrative ☐

Plant & Machine operatives ☐

Personal & protective service ☐

Clerical & secretarial ☐

Sales ☐

Other ☐

b) are you a member of your current employer's company pension scheme?

Yes ☐ No ☐

If YES please complete our PRSA AVC Application form instead of this form

5. Are you unemployed / not economically active Yes ☐ No ☐

4. PERSONAL DETAILS

Title (Mr/Mrs/Ms)

First Name

Initial (if applicable)

Surname

Male ☐ Female ☐

Previous Surname (if any)

Home address

Date of Birth / /

Total Salary (incl bonuses, BIK etc) €

Relationship Status Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Registered Civil Partner ☐

Chosen retirement age must be between age 60 and 75

E-mail address (if applicable)

Phone Home -

Mobile -

5. DIRECT MARKETING CONSENT (To be completed if PRSA is taken out through an Irish Life Adviser or a tied agent)

I consent to Irish Life Assurance plc (the company)

A. Processing and holding (online or otherwise) all information disclosed by me, or on my behalf, including personal data for the purposes of 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 the Irish Life Group and to any person to whom the plan may be assigned. We will use this information you give here to process your application. You have the right to access, update and rectify your personal details by writing to the Customer Service Team at Irish Life, Lower Abbey Street, Dublin 1. ☐

6. CONTRIBUTION DETAILS - EMPLOYEES

Regular contributions

Date contributions are to start / /

Employee Contribution € Employer Contribution €
per Month ☐ Quarter ☐ Half year ☐ Year ☐

Do you want inflation protection? Yes ☐ No ☐

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

How are regular contributions to be made Payroll Deduction ☐ Direct debit ☐ Cheque ☐

Cheques for regular contributions can only be made when contributions are made on a yearly basis and exceed €3,000

If direct debit payments are chosen, what day of the month would you like direct debits taken? (1st to 28th of the month only)

Single contribution Employee € Employer €

Transfer value € **A transfer application form must be completed and submitted with this form**

Name of Employer

Address of Employer

Employer Tax Reference - Tax Reference Number should contain 7 digits and 1 or 2 letters

For Payroll Deduction Cases - (To be completed by the Employer if applicable)

Note: Inflation protection is not available for payroll deduction cases

When will you start deducting contributions from the employee's salary? / / Please see notes at the back of this form

Note: Irish Life will start deductions from the Employer's account the month following the date payroll deductions commence from the employee's salary

Signed

Signature of person authorised to sign for and on behalf of the employer

Name Contact Number -

Email Address

7. CONTRIBUTION DETAILS - SELF EMPLOYED

Regular contributions

Date contributions are to start / /

Contribution amount € per Month ☐ Quarter ☐ Half year ☐ Year ☐

Do you want inflation protection? Yes ☐ No ☐

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

How are regular contribution to be made Direct debit ☐ Cheque ☐

Cheques for regular contributions can only be made when contributions are made on a yearly basis and exceed €3,000

If direct debit payments chosen, what day of the month would you like direct debits taken? (1st to 28th of the month only)

Single contribution € (by cheque or bank draft only)

Transfer value € **A transfer application form must be completed and submitted with this form**

8. CLIENT DECLARATION TO IRISH LIFE

I declare that all the answers to all the questions in this application form are in every respect true and correct. I hereby agree that the contract proposed between me and Irish Life Assurance plc (ILA) will be based on this application and declaration, and any supplementary application form attached. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 2A of Part 30 of the Taxes Consolidation Act 1997.

I authorise 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 Irish Life separately. ILA may hold and process this information for administrative, customer care and services purposes. I consent to Irish Life disclosing this information to persons necessary in connection with this contract or transaction including regulatory authorities, other companies in the Company's group, other insurance companies or as required by law. **I agree that where I have selected fund(s) other than the Default Investment Strategy (Annuity) or the Default Investment Strategy (ARF), by signing this declaration, and any supplementary application, I am providing written confirmation that I do not wish to avail of either Default Investment Strategy.**

I understand that once by PRSA becomes a vested PRSA, Irish Life is obliged to deduct a minimum amount of tax on a yearly basis as if a minimum withdrawal of 5% has been taken from my vested PRSA. Where the total value of my vested PRSA(s) and ARFs are greater than €2 million I understand that I must appoint a nominee QFM who will be responsible for ensuring a withdrawal of 6% is taken from my vested PRSA(s) and ARFs. I understand that it is my responsibility to advise Irish Life if the total value of my ARFs and Vested PRSAs exceed €2 million. I understand these rates are current at as June 2012 but may change in the future.

Where I have selected more than one PRSA and indicated that I want to invest them the same way, I understand that each PRSA will be set up as replicas i.e. each will reflect the same requirements as set out in this application. If I wish to vary the plan type or any details, I will provide a supplementary application form to which this application and declaration will be linked.

Where applicable, I, as an employee, consent to my employer having access to my application in order to facilitate the deduction of my personal contributions from my salary. I also understand that the commencement date of the contract and the timing of any subsequent changes to contributions will be subject to my Employer making the necessary changes in my payroll.

I agree that ILA may get information in respect of any transfer value contribution amount from the transferring Trustees / Life Office and I authorise them to give Irish Life this information.

Signature of Client

Date / /

9. FUND OPTIONS

Please see your Fund Guide/product booklet for a full list of funds available and information on the investment strategies referred to below. You can split your investment between up to 10 funds

What investment strategy do you want to follow? Please tick (1), (2), (3), (4), (5) or (6)

Lifestyle Options

1. I am funding for an annuity through the Annuity Lifestyle Option
Please select funds from the panel below ☐
2. I am funding for an ARF through the ARF Lifestyle Option.
Please select funds from the panel below ☐

Default Investment Strategies

3. I am funding for an annuity through the Default Investment Strategy (Annuity) ☐
4. I am funding for an ARF through the Default Investment Strategy (ARF) ☐

5. I wish to choose a selection of funds from below ☐

Funds available under PRSA Standard

	%
Consensus Fund	<input type="text"/>
Global Cash Fund	<input type="text"/>
Indexed Euro Corporate Bond Fund	<input type="text"/>
Active Managed Fund	<input type="text"/>
Indexed World Equities Fund	<input type="text"/>

Other Funds

Fund Name	%
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6. I wish to choose a selection of funds from below ☐

Funds available under PRSA Options

	%
Protected Consensus Markets Fund	<input type="text"/>
Core Fund	<input type="text"/>
Consensus Fund	<input type="text"/>
Global Cash Fund	<input type="text"/>
Indexed Euro Short Dated Bond Fund	<input type="text"/>
Indexed Euro Corporate Bond Fund	<input type="text"/>
Active Managed Fund	<input type="text"/>
Davy High Yield Fund	<input type="text"/>
Indexed Commodities Fund	<input type="text"/>
Indexed World Equities Fund	<input type="text"/>
UK Property Fund	<input type="text"/>
Fidelity EMEA Fund	<input type="text"/>
Fidelity India China Fund	<input type="text"/>
Self Invested Deposit Fund	<input type="text"/>

The minimum amount required to access the Self Invested Deposit Fund is €20,000. This fund is not available if you choose one of our Lifestyle Options.
Please also complete the relevant Deposit Investment Instruction Form.

Other Funds

Fund Name	%
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

For PRSA Standard and PRSA Options: All regular and lump sum contributions will be invested as above. If you would like lump sum contributions to be invested differently than regular contributions, please indicate your fund choice below.

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

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

10. DECLARATION UNDER ARTICLE 3(5) OF THE PERSONAL RETIREMENT SAVINGS ACCOUNTS (DISCLOSURE) REGULATIONS 2002

You the customer, should read the following and indicate that you have done so:

I understand that the Declaration below relates to all PRSA contracts proposed by me in this application, including any supplementary application form.

I confirm that I have received the relevant Preliminary Disclosure Certificate for each different PRSA contract type proposed in this application. ☐

WARNING

If you propose to enter into this PRSA contract(s) in complete or partial replacement of an existing PRSA contract or a retirement annuity contract, please take special care to satisfy yourself that this PRSA contract(s) meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing PRSA contract or retirement annuity contract(s). If you are in doubt about this, please contact your PRSA provider.

This policy does not replace an existing policy ☐

This policy does replace an existing policy ☐

Policy or Reference Number

**Declaration of PRSA Provider/
Intermediary**

I hereby declare that in accordance with Article 3 of the Personal Retirement Savings Account (Disclosure) Regulations 2002, a Preliminary Disclosure Certificate has been provided to

Name of Client

and that I have advised the person concerned as to the financial consequences of replacing an existing PRSA contract or retirement annuity contract with this PRSA contract by cancellation or reduction and of possible financial loss as a result of such a replacement.

* Insert name of person concerned

Signature of PRSA Provider/
Intermediary

Date

Declaration of Client

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

Signature of Client

Date

11. FINANCIAL ADVISER DECLARATION

Source of PPSN e.g. a copy of a P60, Social Welfare Card

Evidence of Age e.g. a Passport, Drivers Licence

Document Ref:

I certify that I have viewed the documents stated above

Signature of Adviser

Date of signing



12. SEPA Direct Debit Mandate

Please complete all the fields below marked * and return this mandate to the Creditor

UMR

Creditor Identifier

Name and address of the payer:

* Debtor Name

Debtor Address

* Debtor Bank Identifier Code (BIC)

* IBAN
(Account Number)

Type of payment Recurrent ☒ or One Off Payment ☐

Creditor's name and address

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

 Please sign and date

* Signature(s) * Date of signing

For Irish Life Information purposes only

Plan Number (max 18 characters)

Person(s) on whose behalf payment is being made

Direct Debit collection date of the month (1st to 28th only)

Payment frequency Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐

NOTES:

If contributions are deducted from your salary by your employer:

Your employer can take contributions from your salary whenever you are paid. This could be every week, fortnight or monthly. Irish Life will then take this contribution from your employer's bank account. Please note that your plan will be a monthly-paid plan and we will collect contributions from your employer every month.

For Example: If you are paid weekly and decide to make a regular contribution of €60, we multiply €60 by 52 (weeks in a year) and divide it by 12 (months in a year). Your plan will then be set up for €260 every month and we will collect this from your employer's bank account every month by direct debit.

Therefore, at certain times, deductions made from your payroll may be held in your employer's bank account for a short period before they are sent to us and invested in your plan. Contributions are invested on the day we receive them.