

PLEASE NOTE: IF ANY OF THESE DETAILS ARE MISSING, INVESTMENT WILL BE GIVEN ON DATE FINAL REQUIREMENT RECEIVED.

Personal Pension Quality Checklist

Seller Code: _____

LARC No: _____

- | | | |
|---|-----|----|
| • Eligibility Section Completed: | YES | NO |
| • Personal Details: | YES | NO |
| • Marital Status: | YES | NO |
| • Occupation: | YES | NO |
| • Product Choice: | YES | NO |
| • Retirement Age: | YES | NO |
| • Benefit details: | YES | NO |
| • Fund choice: | YES | NO |
| • Payment details: | YES | NO |
| • Section 9 if Pension Term Assurance: | YES | NO |
| • Declaration under section 9: | YES | NO |
| • Declaration under section 10: | YES | NO |
| • Medical Questions:
(if Term Assurance of Contribution cover) | YES | NO |
| • Completed Direct Debit Mandate | YES | NO |
| • Declaration for Medical Questions section 14: | YES | NO |
| • Commission choice: | YES | NO |
| • Is this replacing Irish Life Business? | YES | NO |
| • If yes, has the Irish Life plan number being replaced been noted on the proposal or Epos: | YES | NO |

These are the current requirements and are subject to change – we reserve the right to ask for further requirements