



Self Directed Portfolio Application Form

INVESTMENT TYPE – HIGH RISK

Self Directed investments carry certain risks and are most suited to investors with a high tolerance for risk. In adverse conditions high risk products can lead to the investor getting only some or none of their investment back.

IT IS ESSENTIAL that the investor reads the Self Directed Declaration inside this application form (pages 4, 5 & 6) and ensures that s/he clarifies any queries with his or her Financial Advisor and chosen Investment Manager

Irish Life does not give investment advice in relation to self-directed investments and will not be liable for any loss whatsoever arising from investment choice or investment performance.

Guide to completing your self-directed portfolio application:

In order to ensure that your application is processed efficiently and accurately please ensure that all relevant sections are fully completed.

Section 1: General Details

Section One is mandatory. In this section we are looking to capture the clients' personal details, the basic plan details and the client's choice of funds. Please ensure you provide the required commencement date. When the relevant details have been provided the client must sign, print name and date the declaration at Part D.

Section 2: Personal Retirement Plan

Section Two is to be completed if your client is investing in the Personal Retirement Plan (Personal Pension). Transfers from other personal pensions are allowed. Where contributions include a transfer payment you must ensure you complete Section One, Part B, and indicate the source of the transfer payments.

Section 3: Executive Pensions

Section Three is to be completed if your client is investing through an individual company arrangement. Additional plan details are required to be completed. Transfers can be accepted from other company schemes once this scheme has been Revenue approved. In order to allow us request Revenue approval we must have full details provided in Part D & E of this section of the application. Member and Employer Declarations (parts F & G) must also be signed.

Section 4: Retirement Bond

Section Four relates to an investment in a Retirement Bond (buy out bond). Only funds coming from another buy out bond or from a ceased company pension scheme can be accepted. Information about the pre-existing company pension scheme must be provided on the application in order to ensure speedy processing.

Section 5: AMRF/ARF

Section Five relates to post retirement income. Funds to be transferred into an AMRF/ARF must be from a qualifying source, the source details must be noted in Section One of the application. If the proposal is for an ARF then the client must provide evidence of an existing AMRF or of qualifying income as per Section Five, Part B. All declarations in this section must be signed.

Summary

Complete Section One

and

Either Section Two, Three, Four or Five.



Self Directed Portfolio Application Form - Section 1

To be completed by Insurance Broker/Agent.

Policy No.	<input type="text"/>	Central Bank No.	<input type="text"/>
Commencement Date (This date cannot be changed)	<input type="text" value="dd"/> / <input type="text" value="mm"/> / <input type="text" value="yyyy"/>	Broker/Agent Agency No.	<input type="text"/>
Allocation Code	<input type="text"/>	Branch	<input type="text"/>

General Details (to be completed in all cases)

A. Personal Details

Please complete in BLOCK CAPITALS: For questions marked* delete as applicable

Details

Mr/Mrs/Ms/Other*	<input type="text"/>	First Name	<input type="text"/>
Surname	<input type="text"/>	Date of Birth	<input type="text" value="dd"/> / <input type="text" value="mm"/> / <input type="text" value="yyyy"/>
Male <input type="radio"/> Female <input type="radio"/>		Marital status	<input type="text"/>
Address	<input type="text"/>		
Contact Tel. No.	<input type="text"/>	Occupation	<input type="text"/>
PPS Number	<input type="text"/>		

B. Plan Details

Amount of Total Regular Contributions	<input type="text"/>	(Annual Contributions only)	Inflation Protector	Yes <input type="radio"/> No <input type="radio"/>
Amount of Total Single Contributions	<input type="text"/>			
Amount of Transfer Value	<input type="text"/>	Source	<input type="text"/>	

*Minimum investment €20,000 p.a./€20,000 single premium Please detail whether proceeds are from Company, Personal Pension, ARF/AMRF or Buy Out Bond

C. Fund Choice

I have set up a new account for this policy with the following Investment Manager/Authorised Adviser.

Investment Manager Name:	<input type="text"/>	Account No. (If known)	<input type="text"/>
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Fund(s) contributions to be allocated in the following proportions:

Self Directed Portfolio (Name of Investment Manager)

OR

Canada Life / Setanta Funds	Fund Name	% Contribution
		%
		%
		%
		%

The following Canada Life / Setanta funds are high-risk funds and not suitable for short-term investment: Focus 15 Fund, Income Opportunities Fund, Passive Equity Fund, Equity Fund, Irish Equity Fund, European Equity Fund and the Equity Dividend Fund. The following Canada Life / SEI MoM Funds are high-risk and not suitable for short-term investment: Global Equity, UK Equity, European Equity, US Equity, Japan Equity, Pacific Basin Equity and Emerging Markets Equity. The Canada Life / Morgan Stanley European Property Fund is a high-risk fund and is not suitable for short-term investment.

D. Self Directed Declaration – ESSENTIAL READING FOR THE APPLICANT

Place tick box at end of each paragraph to say 'I have read and understood'

1. Investment Advice

- 1.1 My Investment Manager and I have chosen these investments and I understand that Irish Life does not give investment advice in relation to self directed investments.
- 1.2 I understand that this is a self directed investment and that, along with my Investment Manager, I am responsible for evaluating and selecting the investment and for establishing the appropriateness of the investment.
- 1.3 Where I have an execution-only account with my Investment Manager or have not taken any direct advice from an Investment Manager for my selected self directed fund investment, I understand that it is my responsibility to ensure that I have received appropriate investment advice from a suitably qualified Financial Advisor. Irish Life and/or its tied sales agents cannot and have not given me investment advice.
- 1.4 I understand that Irish Life's role is limited to the establishment and administration of the pension policy and that Irish Life does not give investment advice in relation to self directed investments, and Irish Life will not be liable for any loss whatsoever arising from investment choice or investment performance.
- 1.5 Returns are not guaranteed. I understand that the value of my investment can fall as well as rise and that any losses will reduce the value of my investment. When the investment is realised there can be no guarantee that I will receive any money back into my pension portfolio.
- 1.6 I further understand that changes in exchange rates may have an adverse effect on the value of assets which are denominated in foreign currencies.
- 1.7 I understand and accept that Irish Life does not endorse or recommend any particular promoter, Investment Manager or investment. I understand that Irish Life is not responsible to me for verifying the suitability and competence of my Investment Manager or for carrying out any review or monitoring of my Investment Manager.
- 1.8 I understand and accept that Irish Life is not liable for any loss caused to my policy as a result of services provided by or advice given by my Investment Manager or any other third party.
- 1.9 I understand that Irish Life has not produced and is not responsible to me for any brochureware or contents contained therein or other marketing literature for the investment, nor for the structure of the investment, and that I have not relied on any representation or statement made by Irish Life in selecting the investment.
- 1.10 I understand that any consideration by Irish Life of an investment structured or managed by my Investment Manager or of any documentation or brochureware relating to such investment does not constitute an endorsement by Irish Life of the investment and cannot be relied upon by me. I understand and accept that Irish Life does not have any duty to me to review any such investment.
- 1.11 I understand that I do not have any recourse to Irish Life in respect of the performance and management of this investment.

I have read and understood the above (please tick) ☒

2. Investment of Funds

- 2.1 I understand that my Investment Manager is responsible for ensuring that my chosen investment is permitted by Irish Life in accordance with predetermined investment mandates. I understand that such predetermined investment mandates have been put in place by Irish Life solely for its own regulatory purposes and Irish Life accepts no responsibility whatsoever to me in determining certain assets as being permitted under its investment mandate.
- 2.2 I understand and accept that a self directed investment through a pension fund is subject to considerable administration prior to investment. I understand and accept that Irish Life will not be liable for any investment loss whatsoever which may arise as a result of any delay between receipt of funds at its head office in the Irish Life Centre, Lower Abbey Street, Dublin 1 and investment of those funds.
- 2.3 I understand and accept that Irish Life retains the right to request the sale of any related asset at any time and without my prior consent.
- 2.4 I understand and accept that where I am transferring funds from an existing pension, there may be transfer penalties or loss of entitlement to benefits. I have satisfied myself in consultation with my pension advisers as to this matter, and am satisfied to proceed. I have taken particular care in relation to possible loss of risk benefits such as life cover and disability cover.
- 2.5 I understand that where assets including property and unlisted securities are purchased there may be significant restrictions in relation to the timing of exit from the investment, sale of the investment and receipt of benefits. I understand that in some instances this could take several years. I also understand that it may be difficult to obtain reliable information about the value or the extent of the risks to which this investment is exposed.
- 2.6 I understand that Irish Life does not accept any responsibility in relation to the appointment or removal of an Investment Manager or for an Investment Manager's decision to retire as manager of any fund. I also understand that Irish Life reserves the right to refuse to appoint and to remove an Investment Manager and does not accept any liability in relation to any refusal to appoint or decision to remove an Investment Manager.
- 2.7 I understand that an Investment Manager is responsible for the ongoing management and valuation of self directed investments. Irish Life does not accept any liability in relation to the actions, omissions or negligence of an Investment Manager or for any third party appointed by an Investment Manager.

I have read and understood the above (please tick) ☒

3. Diversification Risks

- 3.1 I understand and accept that any investment in a single asset, or small number of assets, is significantly more risky than a traditional diversified pension fund. I have taken appropriate advice and fully considered the impact of this investment on diversification in the context of my overall pension investment and I wish to proceed with this investment

I have read and understood the above (please tick) ☒

D. Self Directed Declaration – ESSENTIAL READING FOR THE APPLICANT

4. Property Risks

- 4.1 I understand and accept that any investment, which is partly funded by borrowing, is more risky than an equivalent without borrowings. Any downward movement in the value of the related property/investment vehicle will have a magnified impact on the value of the investment and could mean the investment has a zero value.
- 4.2 I understand and accept that the redemption value of any property investment will consist of the proceeds received on sale of the assets less any outstanding amounts due to the bank and any outstanding charges. No retirement, death or other benefits will be paid until such time as the sale of the property is complete and the proceeds, net of all costs, are known. I understand and accept that, in some cases, this may take a significant amount of time due to the nature of the investment.

I have read and understood the above (please tick) ☐

5. Property Investments

- 5.1 In the case of geared investments involving ongoing bank repayments, I understand and accept that in order to repay any related bank loan and avoid enforcement of the loan by the bank, I must make regular payments into my pension policy. I understand and accept that I have an increased risk of being unable to sustain sufficient contributions in certain situations. These situations include, but are not limited to, tenancy vacancy, mortgage interest rate increases, changes in my employment status or a fall in my income level.
- 5.2 I understand fully that if the value of the asset falls, the gearing will significantly increase the amount I will lose and that I could get none of my money back.
- 5.3 I understand that the bank may immediately call in the loan and force the sale of the property if the property falls in value or repayments are not made.
- 5.4 I understand and accept that property acquisition and related costs can be significant and will adversely affect the value of investment equity. This will result in a significant fall in the value of your investment in the early years of the investment.
- 5.5 I understand that property should only be considered for a medium to long term investment period.
- 5.6 I understand and accept that where an investment in property is made through a Unit Trust, I acknowledge that the Unit Trust may not be an authorised Unit Trust, as defined by the Unit Trusts Act 1990. An unauthorised Unit Trust is an unregulated collective investment scheme, which is not subject to the same legal and regulatory controls as afforded by some other investment vehicles.
- 5.7 Where I invest through a Unit Trust, I understand and accept that the Unit Trust Trustee is responsible for the custody and administration of the Unit Trust. I understand that the Trustee has very extensive powers under the related Declaration of Trust in respect of such custody and administration and liabilities held therein including investment and sale of assets held in the Unit Trust. The Unit Trust may also have a Manager. I acknowledge that Irish Life does not accept any liability in relation to the actions or inactions of the Unit Trust Trustee, Unit Trust Manager or any third party appointed by the Trustee or Manager or for the negligence of the Trustee or Manager or any Trustee/Manager appointed third party.

I have read and understood the above (please tick) ☐

6. Revenue Rules

- 6.1 I have received advice and I understand that the Revenue Commissioner's require that all self directed pension investments must be made at arm's length from the investor. I understand that "arms length" includes but is not limited to the following:
- the property must be purchased from a third party unconnected to me
 - the property must not be used by me or anyone connected to me.
- 6.2 I understand this requirement and I hereby confirm that no aspect of this investment breaches this requirement.
- 6.3 I have received advice and I am aware of the existence of Revenue Commissioner's imposed maximum pension contribution levels and legislative imposed maximum funding levels for tax purposes. I am satisfied that I have sought pensions advice in relation to this investment from a qualified pension advisor. I understand and accept that I am solely responsible for complying with this requirement.
- 6.4 I hereby undertake to provide any information requested by Irish Life for the purpose of demonstrating my compliance with any related Revenue rules.

I have read and understood the above (please tick) ☐

7. Regulatory Change

- 7.1 I understand and accept that the structure of this investment is based on current legislation which is always subject to change. I accept that Irish Life will not be liable for any loss I incur as a result of any relevant future legislative or regulatory change.
- 7.2 I have read and understood the Irish Life Self Directed Portfolio Brochure. I acknowledge and accept that the Irish Life Self Directed Portfolio Brochure relates to the establishment and administration of my self-directed pension and not the underlying investment of the assets held in the pension which investment is my responsibility and not the responsibility of Irish Life.
- 7.3 I have read and understood the promoter's and/or Investment Manager's Brochure. I acknowledge and accept that the promoter's and/or Investment Manager's Brochure relates to the underlying investment of my self-directed pension fund assets for which I am responsible. I acknowledge and accept that the promoter's and/or Investment Manager's Brochure does not relate to the establishment and administration of my self-directed pension which is the responsibility of Irish Life.

I have read and understood the above (please tick) ☐

8. Miscellaneous

- 8.1 I authorise the Department of Social and Family Affairs or the Revenue Commissioners to advise Irish Life of my most recent address on their records at any time in the future.
- 8.2 I have read and understand fully the risks involved with this product.

I have read and understood the above (please tick) ☐

D. Self Directed Declaration – ESSENTIAL READING FOR THE APPLICANT

8.3 I confirm that I have received and understood a schedule of commissions and charges that are applied by my Self Directed Investment Manager.

I have read and understood the above (please tick) ☐

Signature of proposed policyholder:

Date:

/ /

and Signature of Trustee for
Executive Retirement Plans only:

Date:

/ /

This form must be signed by the proposed policyholder unless the proposed policyholder is either:

(a) A company acting as pension scheme trustee or (b) Named individuals acting as pension scheme trustees. In the case of (a) this form must be signed for and on behalf of that company by an authorised officer thereof. It is the signatory's responsibility to ensure that s/he has the required authority to sign on behalf of the company. In the case of (b) this form must be signed by all trustees.

Warning: If you invest in this product you may lose some or all of the money you invest. The value of your investment may go down as well as up. This product may be affected by changes in currency exchange rates.

E. Declaration of Insurance Intermediary

I confirm that Irish Life has provided me with a copy of the current brochure for this product.

I confirm that the proposed policyholder has received a schedule of commissions and charges that are applied by his/her Self Directed Investment Manager.

Signature of Insurance Intermediary

Date:

/ /



Self Directed Portfolio Personal Retirement Plan Application Form - Section 2

To Select a Self Directed Portfolio Personal Retirement Plan Complete this Application Form

A. Additional Plan Details

Annual Salary/Earnings € per annum

Retirement Age 60th ☐ 65th ☐ 70th ☐ 75th Birthday ☐

B. Eligibility

- Are you engaged on your own account (self employed) or as an active partner in a trade, profession or occupation? YES ☐ NO ☐
 - Are you an employed person (or the holder of an offer of employment?) If yes please answer question 3 also YES ☐ NO ☐
 - If you are an employed person, is one or more of your occupations non-pensionable? YES ☐ NO ☐
- Please note: If you change your occupation status you should notify Irish Life immediately.

C. Declaration

I have read through the replies to all the questions in this application form and declare that to the best of my knowledge and belief, all the information and statements given, whether in my handwriting or otherwise are accurate and complete. I understand that failure to give true and complete answers to all questions may be grounds for rejecting a claim. I have not withheld or suppressed any material information and where in doubt about whether certain material facts are relevant I have disclosed them. I declare that I will inform Irish Life of any change to any material fact occurring before acceptance of this application and understand that failure to do so may result in the proposed contract(s) becoming void. I hereby apply for the contract(s) providing the benefits set out in this application. I agree that this application form shall form the basis of the contract(s) between Irish Life and myself and that it shall be subject to the normal policy conditions of Irish Life. I understand that no annuity under the proposed contract(s) shall be capable of being surrendered, assigned or commuted except as provided for by the Taxes Consolidation Act, 1997 (as amended). I hereby authorise the deduction from my salary or wages of any contributions required in respect of the contract(s).

Material Facts:

A material fact is one that will influence whether and upon what terms Irish Life accepts this application. Failure to give complete and true answers and disclose all material facts could result in the contract becoming void. If you are in any doubt about whether a certain fact is material it should be disclosed.

Data Protection Acts 1988 and 2003 – consent

I/we consent to Irish Life (meaning in this context Irish Life Assurance (Ireland) Limited and any other companies forming part of the world-wide Irish Life group) and organisations with whom it has a relationship processing my/our personal data in order to decide upon my/our application for life assurance, the administration of any policy taken out by me/us with Irish Life, administration, risk assessment, research and statistical analysis and marketing purposes.

I/we consent to Irish Life using my/our data to inform me/us of other products and services offered by it unless the box below is ticked.

I/we do not wish to be contacted. ☐

I/we consent to Irish Life processing sensitive personal data about me/us including: my/our racial or ethnic origin; my/our physical or mental health; and my/our sexual life.

I/we consent to Irish Life transferring my/our personal data within the Irish Life Group where necessary and appropriate and I/we understand that this may involve the transfer of my/our personal data, including sensitive personal data, to countries outside of the European Economic Area.

I am/we are aware that I/we have a right to apply for a copy of the information held by Irish Life about me/us (for which a small charge may be made) and that I/we have the right to have any inaccuracies corrected. I am/we are aware that Irish Life will take all reasonable measures to ensure the security and integrity of my/our personal information.

NOTICE: PLEASE READ THE DECLARATION BEFORE SIGNING

Signature of Applicant

Date: / /

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 that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this please contact your insurance or financial intermediary.

Declaration of Insurer or insurance Intermediary

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations 2001. (• insert Client's name and address).

has been provided with information specified in Schedule 1 to those Regulations and that I have advised the client as to financial consequences of replacing an existing policy by cancellation or reduction and of possible financial loss as a result of such replacement.

Signature of Insurer or Insurance Intermediary

Date: / /

Declaration of Client:

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

Signature of Client

Date: / /

Warning: If you invest in this product you may lose some or all of the money you invest. Past performance is not a reliable guide to future performance. The value of your investment may go down as well as up. This product may be affected by changes in currency exchange rates. If you invest in this product you will not have access to your money before you retire.



Self Directed Portfolio Executive Retirement Plan Member Application Form - Section 3

To select a Self Directed Portfolio Executive Retirement Plan please complete in block capitals. For questions marked* delete as applicable

A. Employer Details

Name of Employer	<input type="text"/>
Nature of Business	<input type="text"/>
Is the Employer a	
(i) registered Company	<input type="text"/>
(ii) sole trader	<input type="text"/>
(iii) partnership	<input type="text"/>
Contact Address	<input type="text"/>
Contact Telephone Number	<input type="text"/>

B. Additional Member's Personal Details

Current Salary € Date Employment Commenced / /

C. Additional Plan Details

Vested Rights

Qualifying Period for preserved benefits (in accordance with part (III) of The Pensions Act, 1990)

Number of Years Service (minimum 2 years)

Regular Contributions

Frequency	<input type="text"/> per* month/quarter/year/half year	Payment Method	<input type="text"/> Debit/payroll
Single Contribution	€ <input type="text"/>	Member's Share of Single Contribution	€ <input type="text"/>
Regular Contribution	€ <input type="text"/>	Member's Share of Regular Contributions	€ <input type="text"/>
Transfer Value	€ <input type="text"/>	Member's Share of Transfer Value	€ <input type="text"/>
Retirement Age	<input type="radio"/> 60th Birthday <input type="radio"/> 65th Birthday <input type="radio"/> 70th Birthday		



Section 3

Section E notes
+ It is a legislative
requirement that
details are required
for all directors of a
company.

D. Revenue Information

1. Employer's Registered Office
2. Employer's Tax District Reference No. (if different to that for correspondence)
- Members Tax District PPS No.
3. Company Registration Number
4. Does the Member alone, or together with his/her spouse, minor children or through a Trust to which he/she or his/her spouse have transferred assets, directly or indirectly own or control more than 5% or more than 20% of the voting rights in the Employer or in the company which controls the Employer?
Please tick as applicable >5% ☐ >20% ☐ Neither ☐
5. Is the Member entitled to any benefits from pension and / or life assurance arrangements arising from this or any other employment? If yes give details Yes ☐ No ☐
6. Names of Directors of the
Company +

E. Letter of Exchange

Letter of Exchange between (The Employer)
and (The Member)
Dear Date / /

The Employer has established a Retirement Benefits Scheme on your behalf to provide Relevant Benefits by means of the Irish Life Executive Retirement Plan. The Scheme shall be known as Retirement Plan. The Scheme is capable of being approved pursuant to Part 30 Taxes Consolidation Act 1997 (hereinafter called the "1997 Act") and of being treated as an Exempt Approved Scheme. The Scheme is an occupational pension scheme as defined in Part 1, Pensions Act, 1990 and will comply with the relevant provisions of that Act.

The Employer hereby declares itself/or * (see note)
• to be the first Trustee of the Scheme and in this Constituting Document "the Trustee" shall mean the Trustee in its capacity as trustee of the Scheme or such other trustee or trustees for the time being as may be appointed by deed.

The Employer shall have the power to appoint new or additional trustees except where an Employer ceases to exist when the said power shall vest automatically in Irish Life without the need for further documentation.

The Scheme is established under irrevocable trusts to be governed and administered with the provisions of this Constituting Document, your Membership Certificate and the rules of the Scheme ("the Rules"). The Trust Fund shall be vested in and held by the Trustee upon irrevocable trust to hold and apply the same in accordance with the provisions of this Constituting Document and the Rules.

The Relevant Benefits shall be provided by a policy or policies, to be held by the Trustee, who shall have the power to effect such policies of insurance or assurance with the Life Office.

The Trustee shall be the administrator in relation to the Scheme for the purposes of Part 30 of the 1997 Act. The Trustee hereby appoints Irish Life as registered administrator of this Scheme in accordance with section 54(2) of the Pensions Act 1990 ('the Act') and agrees that Irish Life will provide the core administration functions as set out in section 64(G) (1)(b) and section 64(G) (1)(c) of the Act.

The Trustee may at any time, with the written consent of the employer and reasonable written notice to Irish Life and to you, alter, by deed, all or any of the provisions of the Constituting Document or the Rules, whether retrospectively or prospectively, PROVIDED THAT no such alteration shall reduce the benefits already accrued to you at the date of such alteration, without your written consent AND PROVIDED THAT in no circumstances shall any alteration be made which shall prejudice Revenue approval.

In the interpretation of this Constituting Document and the Rules

- (a) Words which are defined in the Rules shall (unless otherwise defined in this Constituting Document) have the meaning assigned to them in the Rules,
- (b) reference to a statute (or section or part thereof) shall be deemed to include any statutory amendment or re enactment thereof for the time being in force and any regulations made thereunder, and
- (c) unless the context otherwise requires words importing the singular shall be deemed to include the plural and words importing the masculine shall be deemed to include the feminine and neuter and vice versa

You will also receive a copy of the Scheme Explanatory Booklet which explains the main features of the Scheme and which should be read in conjunction with this Constituting Document, the Membership Certificate and the Rules.

Please acknowledge receipt of this letter and your agreement to being included in the Scheme by signing this letter where indicated.

Signed for and on behalf of the Employer

Signed for and on behalf of the Trustee

I acknowledge receipt of the letter and agree to be included in the Scheme

Signed by the Member

* If the Employer is NOT a registered company, at least two individuals must be listed here for appointment as first trustee.

F. Member's Declaration

I have read through the replies to all the questions in this application and declare that to the best of my knowledge and belief, all the information and statements given, whether in my handwriting or otherwise are accurate and complete. I understand that failure to give true and complete answers to all questions may be grounds for rejecting a claim. I have not withheld or suppressed any material information and where in doubt about whether certain material facts are relevant I have disclosed them. I declare that I will inform Irish Life of any change to any material fact occurring before acceptance of this application and understand that failure to do so may result in my membership of the Scheme becoming void.

I hereby apply for membership of the above named Scheme and understand that this application shall form part of the contract between Irish Life and the Employer(s). My membership shall be governed by the Letter of Exchange and Rules of the Scheme.

I understand that no retirement benefit shall be capable of being surrendered, assigned or commuted except as provided for by the Taxes Consolidation Act, 1997.

I hereby authorise the deduction from my salary or wages of any contributions required in respect of the Scheme. I understand that this insurance will not start until Irish Life has accepted me for cover and the first premium has been paid. I authorise, where relevant, each of my previous employers and the managers or insurers of any retirement benefit scheme operated by them or approved retirement annuity trust fund or contract of which I have been a member to disclose to my present employer or to Irish Life such particulars as they request in relation to benefits arising thereunder in my respect.

Material Facts:

A material fact is one that will influence whether and upon what terms Irish Life accepts this application. Failure to give complete and true answers and disclose all material facts could result in your membership of the Scheme becoming void. If you are in any doubt about whether a certain fact is material it should be disclosed.

Data Protection Acts 1988 and 2003 – Consent

I/we consent to Irish Life (meaning in this context Irish Life Assurance (Ireland) Limited and any other companies forming part of the worldwide Irish Life group) and organisations with whom it has a relationship processing my/our personal data in order to decide upon my/our application for life assurance, the administration of any policy taken out by me/us with Irish Life, administration, risk assessment, research and statistical analysis and marketing purposes.

I/we consent to Irish Life using my/our data to inform me/us of other products and services offered by it unless the box below is ticked.

I/we do not wish to be contacted. ☐

I/we consent to Irish Life processing sensitive personal data about me/us including: my/our racial or ethnic origin; my/our physical or mental health; and my/our sexual life.

I/we consent to Irish Life transferring my/our personal data within the Irish Life Group where necessary and appropriate and I/we understand that this may involve the transfer of my/our personal data, including sensitive personal data, to countries outside of the European Economic Area.

I am / we are aware that I/we have a right to apply for a copy of the information held by Irish Life about me/us (for which a small charge may be made) and that I/we have the right to have any inaccuracies corrected. I am / we are aware that Irish Life will take all reasonable measures to ensure the security and integrity of my/our personal information.

NOTICE: PLEASE READ THE DECLARATION BEFORE SIGNING

Signature of Member

Company

Date / /

Warning: If you invest in this product you may lose some or all of the money you invest. Past performance is not a reliable guide to future performance. The value of your investment may go down as well as up. This product may be affected by changes in currency exchange rates. If you invest in this product you will not have any access to your money before you retire.

G Employer's Declaration

I/we confirm that I am / we are the Employer(s) of the above Scheme and that I/we sign this Declaration in accordance with my/our powers and obligations as Employer(s). I/we have read through the replies to all the questions in the application form and declare that to the best of my/our knowledge and belief all information and statements given, whether in handwriting or otherwise, are accurate and complete.

I/we have not withheld or suppressed any material information and where in doubt about whether certain material facts are relevant I/we have disclosed them. I/we declare that I/we will inform Irish Life Assurance (Ireland) Limited ("Irish Life") of any change to any material fact occurring before acceptance of this application and understand that failure to do so may result in the Scheme not being approved by the Revenue Commissioners.

I/we hereby apply to establish the above named Scheme and agree that this application form shall form the basis of the contract between Irish Life and myself/ourselves. I/we agree that any statement made by the Member in this application form, together with any statement made by or to any medical examiner in respect of this Scheme shall also be deemed to form part of this contract.

The Scheme shall be governed by the Letter of Exchange and Rules of the Scheme.

I/we hereby appoint Irish Life as registered administrator of this Scheme in accordance with section 54(2) of the Pensions Act 1990 ('the Act') and agree that Irish Life will provide the core administration functions as set out in section 64(G) (1)(b) and section 64(G) (1)(c) of the Act.

I/we agree to provide Irish Life with such information as is necessary and at such times as may be required, in order for Irish Life to underwrite the benefits of this Scheme.

I/we understand that the contract is conditional on approval of the arrangements by the Revenue Commissioners as an exempt approved scheme under the Taxes Consolidation Act, 1997.

Material Facts:

A material fact is one that will influence whether and upon what terms Irish Life accepts this application. Failure to give complete and true answers and disclose all material facts could result in the Scheme not being approved by the Revenue Commissioners. If you are in any doubt about whether a certain fact is material it should be disclosed.

Data Protection Acts 1988 and 2003 – Consent

I/we consent to Irish Life (meaning in this context Irish Life Assurance (Ireland) Limited and any other companies forming part of the world-wide Irish Life group) and organisations with whom it has a relationship processing my/our personal data in order to decide upon my/our application for life assurance, the administration of any policy taken out by me/us with Irish Life, administration, risk assessment, research and statistical analysis and marketing purposes.

I/we consent to Irish Life using my/our data to inform me/us of other products and services offered by it unless the box below is ticked.

I/we do not wish to be contacted ☐

I/we consent to Irish Life processing sensitive personal data about me/us including: my/our racial or ethnic origin; my/our physical or mental health; and my/our sexual life.

I/we consent to Irish Life transferring my/our personal data within the Irish Life Group where necessary and appropriate and I/we understand that this may involve the transfer of my/our personal data, including sensitive personal data, to countries outside of the European Economic Area.

I am/we are aware that I/we have a right to apply for a copy of the information held by Irish Life about me/us (for which a small charge may be made) and that I/we have the right to have any inaccuracies corrected. I am/we are aware that Irish Life will take all reasonable measures to ensure the security and integrity of my/our personal information.

NOTICE: PLEASE READ THE DECLARATION BEFORE SIGNING

Signed for and on behalf of the Employer

Company

Date



To select a Self Directed Portfolio Retirement Bond (for questions marked * delete as applicable)

Name in Full Mr/Mrs/Ms/Other*

Date of Birth

Contact Address

Contact Tel. No.

Male Female

Spouse's Date of Birth

- 1 Supply details of any pension, lump sum or death benefit under any retirement benefit scheme (other than the purchasing scheme) to which the member and/or his/her dependants are entitled.
- 2 Has the member received any benefits (excluding refunds of contributions) on leaving any other retirement benefit scheme? If yes, supply details of types of benefit, sources, dates and amounts. If transfer payments were made to the purchasing scheme please state length of service, date of leaving and final salary in respect of employment(s) relating to the transfer.
3. Is the member entitled to any benefit under an approved retirement annuity contract relating to a source of income from self-employment or non-pensionable employment (other than a source concurrent with pensionable employment)? If so, please specify details.

Full Title of Purchasing Scheme	
Name of Employer	
Revenue Approval Ref. No. SF	
Name of Trustee (1)	
Name of Trustee (2)	
Name of Trustee (3)	
Name of Trustee (4)	
Normal Retirement Date of Member	dd / mm / yyyy
Earliest Dates at which Early Retirement Benefits may be taken	dd / mm / yyyy

€



Section 4

Notes

1. It is recommended that evidence of the age of the Member and his/her Spouse be submitted with this proposal.

2. Irish Life Assurance (Ireland) Limited will provide only the benefits purchased under the bond(s) selected and will accept no further responsibility in relation to the Member. The Trustees should, therefore, ensure that the benefits to which the Member is entitled under the Purchasing Scheme will be provided by the bond(s) selected and that the Trustees have power under the rules of the Purchasing Scheme to purchase the bond(s). As an added protection Trustees may wish to have an Agreement Form completed by the Member and, where applicable, the spouse of the member.

3. In accordance with the requirements of the Revenue Commissioners, the ARF option is available in respect of transfer values from defined contribution occupational schemes where (1) the scheme member meets the proprietary director test before the date of transfer, and (2) in any other case, where the transfer takes place on or after 6 February 2011 and the scheme rules have been amended to provide for the option before the date of transfer. If you do not tick the box, Irish Life will assume ARF options do not apply..

D. Bond Details

Transfer Value

Employer € Member € Total €

Company

Amount

If the Transfer Value is being divided among insurance companies, specify the companies and the amounts involved.

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

Name of Insurance Company providing commutation option i.e. the option of surrendering a portion of pension for tax free lump sum

Spouse's/Dependant's death in retirement annuity to be purchased (if applicable) (expressed as a % of the member's annuity before commutation):

Escalation rate on Spouse's death in retirement annuity: (if applicable)

If required, has Spouse's/Dependant's agreement been obtained?

Yes ☐ No ☐

E. Member's Authorisation and Trustee Release

I _____ being the Member named on this application, hereby request and authorise the Trustees of the (insert purchasing scheme name)

_____ ("the Scheme") to transfer to one or more Irish Life Retirement Bond, the amount which, in the opinion of the said trustees, represents the value of my benefits under the Scheme. In consideration of the payment of such transfer value to Irish Life Retirement Bond I hereby release the Trustees of the Scheme from all liability to me, in respect of all benefits under the Scheme, with effect from the date of such transfer. I also hereby authorise the Department of Social Community and Family Affairs to advise Irish Life Assurance (Ireland) Limited of my most recent address on their records at any time requested.

Important – Approved Retirement Fund Options for transfers from an existing retirement bond

This section should only be completed for transfers from an existing retirement bond.

I confirm that under the rules of the Scheme, I am allowed the option of investing in an Approved Retirement Fund (ARF) at retirement date. (please tick to confirm)

Please note that unless you are a proprietary director, the option of investing in an ARF is only available for transfers from defined contribution occupational schemes made on or after 6 February 2011 where the scheme rules have been amended to provide for the option before the date of transfer (see Note 3).

Signed

☒

Signature of Witness

☒

Name and Address of Witness

Date

/ /

Warning: If you invest in this product you may lose some or all of the money you invest. Past performance is not a reliable guide to future performance. The value of your investment may go down as well as up. This product may be affected by changes in currency exchange rates. If you invest in this product you will not have any access to your money before you retire.



Section 4

F. Declaration of Agreement

Notes

1. In accordance with the requirements of the Revenue Commissioners, the ARF option is available in respect of transfer values from defined contribution occupational schemes where (1) the scheme member meets the proprietary director test before the date of transfer, and (2) in any other case, where the transfer takes place on or after 6 February 2011 and the scheme rules have been amended to provide for the option before the date of transfer. If you do not tick the box, Irish Life will assume ARF options do not apply.

E. Member's Authorisation and Trustee Release

We confirm that we are the Trustees of the above mentioned Scheme and that we sign this Declaration in accordance with our powers and obligations as Trustees. We confirm that the Scheme is approved for the purposes of the Taxes Consolidation Act, 1997 (as amended) and that the Rules of the Scheme empower us to purchase retirement bonds members in lieu of the benefits or in respect of them. We have read through the replies to all the questions in this application form and declare that to the best of our knowledge and belief, all information and statements given, whether in our handwriting or otherwise, are accurate and complete. We understand that failure to give true and complete answers to all questions may be grounds for rejecting a claim. We have not withheld or suppressed any material information and when in doubt about whether certain material facts are relevant we have disclosed them. We declare that we will inform Irish Life of any change to any material fact occurring before acceptance of this application and understand that failure to do so may result in the proposed purchase becoming void.

We hereby apply to purchase a retirement bond with Irish Life and agree that this application form shall form the basis of the contract between Irish Life and ourselves and that the retirement bond shall be governed by the normal policy conditions of Irish Life.

Important - Approved Retirement Fund Options

We confirm that under the rules of the Scheme, the Member has the option of investing in an Approved Retirement Fund (ARF) at retirement date. ☐ (please tick to confirm)

Please note that unless the member is a proprietary director, the option of investing in an ARF is only available for transfers from defined contribution occupational schemes made on or after 6 February 2011 where the scheme rules have been amended to provide for the option before the date of transfer.

Material Facts

A material fact is one that will influence whether and upon what terms Irish Life accepts this application. Failure to give complete and true answers and disclose all material facts could result in the purchase becoming void. If you are in any doubt about whether a certain fact is material it should be disclosed. (see note 1)

Data Protection Acts 1988 and 2003 – consent

I/we consent to Irish Life (meaning in this context Irish Life Assurance (Ireland) Limited and any other companies forming part of the world-wide Irish Life group) and organisations with whom it has a relationship processing my/our personal data in order to decide upon my/our application for life assurance, the administration of any policy taken out by me/us with Irish Life, administration, risk assessment, research and statistical analysis and marketing purposes.

I/we consent to Irish Life using my/our data to inform me/us of other products and services offered by it unless the box below is ticked.

I/we do not wish to be contacted. ☐

I/we consent to Irish Life processing sensitive personal data about me/us including: my/our racial or ethnic origin; my/our physical or mental health; and my/our sexual life.

I/we consent to Irish Life transferring my/our personal data within the Irish Life Group where necessary and appropriate and I/we understand that this may involve the transfer of my/our personal data, including sensitive personal data, to countries outside of the European Economic Area.

I am/we are aware that I/we have a right to apply for a copy of the information held by Irish Life about me/us (for which a small charge may be made) and that I/we have the right to have any inaccuracies corrected. I am/we are aware that Irish Life will take all reasonable measures to ensure the security and integrity of my/our personal information.

Signature of Trustees:

X	X
X	X

Date

d	d	/	m	m	/	y	y	y	y
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Warning: If you invest in this product you may lose some or all of the money you invest. Past performance is not a reliable guide to future performance. The value of your investment may go down as well as up. This product may be affected by changes in currency exchange rates. If you invest in this product you will not have any access to your money before you retire.



Self Directed Portfolio Approved Retirement Fund ARF/Approved Minimum Retirement Fund Application Form - Section 5

To select an Approved Retirement Fund (ARF)/Approved Minimum Retirement Fund (AMRF) please complete this application form

A. Additional Plan Details

Total amount to be invested €

B. Policy Information

Do you have an Approved Minimum Retirement Fund Investment with Irish Life or another Investment Manager?

YES ☐ NO ☐

If yes, please give following details:

Investment Manager Reference No.

Amount of Original Investment

If you do not have an Approved Minimum Retirement Fund, you must be able to answer yes to at least one of the following three questions

Are you aged over 75? (if yes please provide proof of your age)

YES ☐ NO ☐

Are you receiving pensions (including Social Welfare) of at least €12,700 per annum? If yes please attach copies of payment slips.

YES ☐ NO ☐

Have you paid at least €63,500 from a retirement fund to buy a pension from Irish Life or another insurance company?

YES ☐ NO ☐

Insurance company Reference No.

Amount of Premium Date of Investment / /

C. Declaration

I hereby declare that to the best of my knowledge I am eligible to invest in an Approved Retirement Fund / Approved Minimum Retirement Fund under the Taxes Consolidation Act, 1997 (as amended).

I have read through the replies to all the questions in this application form and declare that to the best of my knowledge and belief all information and statements given whether in my handwriting or otherwise are accurate and complete.

I understand that failure to give true and complete answers to all questions may be grounds for rejecting a claim.

I have not withheld or suppressed any material information and where in doubt about whether certain material facts are relevant I have disclosed them. I declare that I will inform Irish Life of any change to any material fact occurring before acceptance of this application and understand that failure to do so may result in the proposed contract becoming void.

I hereby apply to invest in an (please tick as applicable)

Approved Retirement Fund ☐ Approved Minimum Retirement Fund ☐

and agree that this application shall form the basis of the contract between Irish Life and myself and shall be subject to the normal policy conditions of Irish Life.

Where I have applied to invest in an Approved Minimum Retirement Fund I understand that the Approved Minimum Retirement Fund in which I am about to invest cannot be capable of being surrendered, assigned, commuted except as provided for by the Taxes Consolidation Act, 1997 (as amended).

I authorise, where relevant, each of my previous qualifying fund managers to disclose to Irish Life such particulars as they request.

I authorise, where relevant, any insurance provider or pension scheme trustees to provide Irish Life with details of any pension annuity being paid to me.

I agree to provide Irish Life with such information as is necessary and at such times as may be required in order for Irish Life to underwrite the benefits of this Approved Retirement Fund or Approved Minimum Retirement Fund.

Material Facts:

A material fact is one that will influence whether and upon what terms Irish Life accepts this application. Failure to give complete and true answers and disclose all material facts could result in the contract becoming void. If you are in any doubt about whether a certain fact is material it should be disclosed.

Approved Retirement Fund (ARF) And Approved Minimum Retirement Fund (AMRF):

Declaration of individual beneficially entitled to the proceeds of the fund

Please note that the individual shall complete the following form and declaration on opening an ARF or AMRF with Irish Life Assurance (Ireland) Limited.

This is in accordance with the provisions of Sections 784b (1)(c) and 784d (1)(c) of the Taxes Consolidation Act 1997.



Section 5

C. Declaration continued

ARF

Individual's Details

Name:

Address:

Tax Reference No.:

AMRF

Individual's Details

Name:

Address:

Tax Reference No.:

Declaration

I confirm that the information provided in this declaration is true to the best of my knowledge and belief. I declare that the assets included in the fund consist only of one or more of the following assets:

- (i) assets transferred to the fund by virtue of my exercising an option in accordance with 784(2A) of the Taxes Consolidation Act 1997 (from a retirement annuity contract or PRSA)
- (ii) ARF applicant only: assets which were previously held in another ARF held in my name or the name of my deceased spouse AMRF applicant only: Assets which were previously held in another AMRF held in my name
- (iii) assets derived from such assets as are referred to in (i) and (ii) above as appropriate.

I declare that I am beneficially entitled to these assets

Signed: ☒ Print Name: Date: / /

Data Protection Acts 1988 and 2003 – Consent:

I/we consent to Irish Life (meaning in this context Irish Life Assurance (Ireland) Limited and any other companies forming part of the worldwide Irish Life group) and organisations with whom it has a relationship processing my/our personal data in order to decide upon my/our application for life assurance, the administration of any policy taken out by me/us with Irish Life, administration, risk assessment, research and statistical analysis and marketing purposes.

I/we consent to Irish Life using my/our data to inform me/us of other products and services offered by it unless the box below is ticked.

I/we do not wish to be contacted. ☐

I/we consent to Irish Life processing sensitive personal data about me/us including: my/our racial or ethnic origin; my/our physical or mental health; and my/our sexual life.

I/we consent to Irish Life transferring my/our personal data within the Irish Life Group where necessary and appropriate and I/we understand that this may involve the transfer of my/our personal data, including sensitive personal data, to countries outside of the European Economic Area.

I am / we are aware that I/we have a right to apply for a copy of the information held by Irish Life about me/us (for which a small charge may be made) and that I/we have the right to have any inaccuracies corrected. I am / we are aware that Irish Life will take all reasonable measures to ensure the security and integrity of my/our personal information.

NOTICE: PLEASE READ THE DECLARATION BEFORE SIGNING

Signature of Applicant ☒

Date: / /

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 that 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 intermediary.

Declaration of Insurer or insurance Intermediary

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

(• insert Client's name and address).

has been provided with information specified in Schedule 1 to those Regulations and that I have advised the client as to financial consequences of replacing an existing policy by cancellation or reduction and of possible financial loss as a result of such replacement.

Signature of Insurer or Insurance Intermediary ☒ Date: / /

Declaration of Client:

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

Signature of Client ☒ Date: / /

Warning: If you invest in this product you may lose some or all of the money you invest. Past performance is not a reliable guide to future performance. The value of your investment may go down as well as up. This product may be affected by changes in currency exchange rates. The income you get from this investment may go down as well as up. It is important to be aware that any withdrawal (including withdrawal by way of payment of tax) from your Approved Retirement Fund will reduce the value of your investment.



Approved Retirement Fund (ARF) and Approved Minimum Retirement Fund (AMRF) Transfer Certificate

Transfer Certificate

Please Note:

Before Irish Life Assurance (Ireland) Limited can accept funds into an ARF or an AMRF we must receive this certificate fully completed by the existing qualifying fund manager, pension provider (i.e. company lawfully granting annuities on human life within the state), life assurance company or PRSA provider

ARF APPLICANTS DETAILS

Name

Address:

TRANSFER AMOUNT The amount being transferred is: €

and is a) from an existing ARF and is
Existing contract/policy number:
OR
b) from a pension fund/retirement annuity contract/PRSA

Name of scheme, assurance company or PRSA provider

Revenue Approval Number/Policy Number

ARF ONLY ARF assets being transferred please state (where applicable):-

Amount of balance on income and gains a/c:

DECLARATION

**ARF

The applicant named above is beneficially entitled to the proceeds of this fund which are being transferred to an ARF or have previously been transferred to an ARF in accordance with subsection (2A) of Section 784 of the Taxes Consolidation Act 1997.

The assets to be transferred do not form part of an AMRF within the meaning of Section 784C of the Taxes Consolidation Act 1997.

Signed: ☒

Position:

Contact Telephone Number:

AMRF APPLICANTS DETAILS

Name

Address:

TRANSFER AMOUNT The amount being transferred is: €

a) from an existing AMRF
Existing contract/policy number:
OR
b) from a pension fund/retirement annuity contract/PRSA

Name of scheme, assurance company or PRSA provider

Revenue Approval Number/Policy Number

Amount of Residue:

*AMRF

The applicant named above is beneficially entitled to the proceeds of this fund which are being transferred to an AMRF or have previously been transferred to an AMRF in accordance with subsection (2A) of Section 784 of the Taxes Consolidation Act 1997.

*Delete inappropriate declaration and sign etc overleaf

Print Name:

On behalf of:

Date / /

Direct Debit Mandate

Instructions to your bank/building society to pay direct debit

Please complete parts 1 to 5 in BLOCK CAPITALS (except signatures) to instruct your bank/building society to make payments directly from your account. Please return to: Irish Life, 57 Temple Road, Blackrock, Co.Dublin.

To: The Manager

1. Please write the full postal address of your Bank/Building Society branch in the box above.

2. Name of Account Holder(s)

3. Type of Account*

4. Account Number

5. Sort Code

*Some Account types are not acceptable for Direct Debit. If you are not operating the Debit from Current Account you should confirm with the bank/building society prior to submitting the mandate.

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

FOR OFFICE USE ONLY

Sent by

Date / /

Irish Life DD Number

Originator Reference

Premium Due Date / /

Policy No(s).

These are your instructions to the Bank/Building Society, please read them carefully.
I/we instruct you to pay direct debits from my/our account at the request of Irish Life Assurance plc.

The amounts are variable and may be debited on various dates.
I/we understand that Irish Life may change the amounts and dates only after giving me prior notice.

I/we will inform my Bank/Building Society in writing if I/we wish to cancel this instruction.
I/we understand that if any direct debit is paid which breaks the terms of the Instruction, the Bank/Building Society will make a refund.

Signature 1 ☒

Signature 1 ☒

Date / /

Mail: Irish Life, 57 Temple Road, Blackrock, Co Dublin, Ireland

Telephone: 1850 203 203 Fax: 01 210 2020 Web: www.irishlife.ie Email: customerservicesblackrock@irishlife.ie



Irish Life