

Complete Solutions Personal Retirement Savings Account (PRSA)

Application Form

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE CAPITAL LETTERS THROUGHOUT.

1. Financial adviser details

Financial adviser name	<input type="text"/>
Financial adviser code	<input type="text"/>

FOR OFFICE USE ONLY

Proposal Number:	<input type="text"/>	Proposal Date	<input type="text"/>
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Irish Life

2. Product Selection

Please select which product you require

- Complete Solutions PRSA Standard plan ☐ Complete Solutions PRSA Standard product is an approved Standard PRSA contract as defined under Section 91 of the Pensions Act, 1990 as amended.
- Complete Solutions PRSA Options plan ☐ Complete Solutions PRSA Options product is an approved PRSA contract, as defined under Section 91 of the Pension Act, 1990 as amended. It is not a Standard PRSA

Note

If you do intend to use this PRSA for AVCs please complete section 6.

3. Eligibility (to be completed in all cases)

1. Do you intend to use your PRSA for Additional Voluntary Contributions (AVC) to an occupational pension scheme? Yes ☐ No ☐
2. Are you self-employed or a partner acting in some trade, profession or occupation? Yes ☐ No ☐
3. Are you an employed person or the holder of an office of employment? Yes ☐ No ☐
4. If so, is the occupation for which this pension plan applies non-pensionable ie. where you are not a member of an occupational pension scheme in your employment or you are included for life cover only? Yes ☐ No ☐
5. Are you an Irish resident for tax purposes? Yes ☐ No ☐
6. Please give policy number of any existing retirement contracts with Irish Life

If Question 3 is answered NO, please complete Sections 4, 7 (a), 8, 9, 10, 11, 12, 13 and 14.
If Question 3 is answered YES, please complete Sections 4, 5, 7 (b), 8, 9, 10, 11, 12, 13 and 14.

4. Personal Details

Title (Mr/Mrs/Ms)	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
First Names	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>
Home Address	<input type="text"/> <input type="text"/> <input type="text"/>
Previous surname	<input type="text"/> (if any)

Chosen Retirement Age

Precise Occupation

What is your precise occupation category?

(A) SELF EMPLOYED	Agricultural	<input type="checkbox"/>
	Other self-employed	<input type="checkbox"/>
(B) AN EMPLOYEE	Managers, professional technical & administrative	<input type="checkbox"/>
	Clerical & secretarial	<input type="checkbox"/>
	Trades, Crafts & related	<input type="checkbox"/>
	Personal & Protective Service	<input type="checkbox"/>
	Sales	<input type="checkbox"/>
	Plant & Machine Operatives	<input type="checkbox"/>
	Other Employees	<input type="checkbox"/>
(C) NOT ECONOMICALLY ACTIVE/ UNEMPLOYED		<input type="checkbox"/>

Current level of earning or salary each year €

Contact Phone Numbers	PREFIX	NUMBER
Home	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Work	<input type="text"/>	<input type="text"/>

E-mail address

Personal Public Service No

Note

You can choose an age between 60 and 75. However, if you use your PRSA for AVCs the chosen retirement date must be the same as your retirement date in your main scheme at work. Earlier retirement may be allowed in some instances. Please check the booklet for more information.

Note

Please describe your occupation in full.

Note

We require evidence of your Personal Public Service Number (PPSN) to ensure that we can fulfil our reporting requirements with the Pensions Board and the Revenue Commissioners.

5. Employer details

(to be completed only where Q.3 in Eligibility Section is answered YES)

Employer tax reference number	<input type="text"/>				
Name of employer	<input type="text"/>				
Address for correspondence	<input type="text"/> <input type="text"/> <input type="text"/>				
Employer contact name	<input type="text"/>				
Employer contact phone number	<table><thead><tr><th>PREFIX</th><th>NUMBER</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	PREFIX	NUMBER	<input type="text"/>	<input type="text"/>
PREFIX	NUMBER				
<input type="text"/>	<input type="text"/>				

Note

This section must be completed if you are an employee (PAYE worker), even if you are not paying through payroll deductions.

6. Additional Information if PRSA is being used for AVCs (to be completed where Q.1 in Eligibility Section is answered YES)

1. Name of existing pension scheme

2. Do you on your own, or with your spouse and/or minor children, directly or indirectly own or control more than 5%, or more than 20% of the voting rights of the employer? No ☐ Yes over 5% ☐ Yes over 20% ☐

3. When did you start your current employment?

4. What is your employer's pension scheme normal retirement age?

5. Salary details

a. Basic salary

b. Benefit in kind

c. Bonuses (any other schedule E earnings)

Note

For members of the Construction Workers Pension Scheme, please state when you joined this scheme if this was before you started with your current employer.

Type of occupational pension scheme

6. Is your existing scheme a defined contribution scheme? Yes ☐ No ☐

If yes please complete below and proceed to question 8.

a.) What is the current value of the pension fund?

Do you have a copy of your most recent pension benefit statement which you can provide us to check the above?

Yes ☐ No ☐

If, no, please confirm you have obtained this current value recently from your employer/trustee

Yes ☐ No ☐

b.) How much is paid into the scheme?

Employer contribution

€ per

Employee and AVC contributions

€ per

7. a.) Is your existing scheme a defined benefit scheme? Yes ☐ No ☐

b.) Current employee and/or AVC contributions to the main scheme € per

c.) Current scheme benefits

We require one of the following documents. Please indicate which:

(i) Your most recent Pension Benefit Statement ☐

OR

(ii) A letter from your Employer confirming: ☐

(i) projected pension at your normal retirement date and

(ii) tax-free lump sum benefits at that date

These figures should be based on your current salary and service to retirement.

8. Do you have other pension benefits from previous employments? Yes ☐ No ☐

If yes please complete question 9.

9.	Defined Benefit Company Scheme	Defined Contribution Company Scheme	AVC / PRSA AVC	Personal Pension / PRSA (including self-employed)
Normal Retirement Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Value		€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Members pension payable at NRA	€ <input type="text"/>			
Tax-free lump sum (if in addition to above)	€ <input type="text"/>			
Spouses pension % above	<input type="text"/> %			
Date you left the scheme	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Note

Defined benefit

A defined benefit scheme provides a guaranteed pension at retirement e.g. 2/3rds of final salary

Defined Contribution

The pension from a defined contribution scheme depends on the size of the accumulated fund at retirement

Note

Irish Life cannot accept PRSA AVCs linked to Defined Benefit Schemes if your financial adviser is an employee or tied insurance agent of Irish Life

10. Customer declaration (to be signed in all cases)

- I have received and read Irish Life's 'AVCs and your Complete Solutions PRSA' booklet which provides important information about paying AVCs into a PRSA.
- I am aware that my contributions (AVCs) into the PRSA is on a defined contribution basis and the return is not guaranteed - this contract will not provide defined benefits as fund values can fall as well as rise.
- I acknowledge and agree that I have been advised to investigate any AVC options offered through my employer's main occupation pension scheme.
- I acknowledge and agree that I have been advised to review any options which provide guaranteed benefits and which can be available under defined benefit schemes, in particular any options to buy 'added years' (notional service) under public sector /semi-state sector defined benefit schemes.
- I understand and accept that it is my responsibility to review and consider any such options directly with my employer, and that my financial adviser (broker) will base any recommendation on the information I have provided but will not have discussed or verified this with my employer.
- I understand that, although this AVC plan is separate to my employer's main occupational pension scheme, retirement benefits must be paid at the same time as the main scheme (if I am still in that employment) and must be within Revenue limits.
- I am required to notify Irish Life if I leave this employment, change my contributions to that scheme, if my salary decreases significantly, or if my benefits changes.

Signed

Signature of customer

Date:

11. Financial adviser declaration (to be signed in all cases)

- I have brought to my client's attention the importance of investigating their current AVC options through their employer's scheme, in particular any options to purchase 'added years' (which may be available under a defined benefit scheme and which provide guaranteed benefits).
- Having considered my client's circumstances and needs, I am satisfied that my client should make additional voluntary contributions into this PRSA, which is on a defined contribution basis and is not guaranteed.

Signed

Signature of financial adviser

Date:

7 (a) Contribution details for PERSONAL cases (to be completed where Q.3 in Eligibility Section is answered NO)

How much do you wish to invest (regular contribution only)

On what date are your contributions to start?

Payment frequency (how often you wish to make payments)

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Half yearly	<input type="checkbox"/> Yearly

Do you want your contribution to increase in line with inflation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Lump sum contribution

Transfer value contribution amount

Note: A transfer application form must be completed by the company/trustee transferring the assets and submitted with this application form.

Note

The amount you wish to invest should be based on the frequency you wish to make contributions.

Note

This date can only be between 1st and 28th of the month.

Note

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

7(b) Contribution details for Employee or AVC cases (to be completed where Q.3 in Eligibility Section is answered YES)

How much do you wish to invest

Employee

Will your employer deduct your own contributions from your salary before tax?*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If NO, on what date are your contributions to start

Payment frequency (how often you wish to make payments)

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Half yearly	<input type="checkbox"/> Yearly

Do you want your contribution to increase in line with inflation?
(At present, contribution indexation is not available for payroll deduction.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Lump sum contribution

Employee

Transfer value contribution amount

Note: A transfer application form must be completed by the company/trustee transferring the assets and submitted with this application form.

Note

If YES, please ensure a Payroll Deduction Authority is completed by the employer and remitted with this application form. Where contributions are deducted from your salary, the effective date of your PRSA plan will be the month following the month of first payroll deduction.

Note

This date can only be between the 1st and 28th of the month.

Note

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

Note

If you are using your PRSA for AVCs no employer contribution should be made.

8. Payment details (to be completed in all cases)

How are contributions to be paid? ☐ Direct debit ☐ Cheque

Will direct debits be paid from a third party bank account? ☐ Yes ☐ No

What date do you want the direct debit to take place (1st to 28th of the month)?

Note

Minimum contribution by direct debit is €25
Minimum contribution is €300 per annum if paid by cash.

* 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 month. We 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.

9(a). Fund Options (to be completed in all Complete Solutions PRSA Standard cases)

Complete Solutions PRSA Standard ONLY

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

1. I am funding for an annuity at retirement through the Default Investment Strategy (Annuity) ☐ See note (1)
2. I am funding for an ARF at retirement through the Default Investment Strategy (ARF) ☐ See note (2)
3. I am funding for an annuity at retirement through the Annuity Lifestyle Option
Please select funds from the panel below. ☐ See note (3)
4. I am funding for an ARF at retirement through the ARF Lifestyle Option
Please select funds from the panel below. ☐ See note (4)
5. I wish to choose a selection of funds from the options below
Please select funds from the panel below. ☐

If you do not choose one of the options above, we will invest your funds in the Default Investment Strategy (Annuity)

Fund options

The maximum number of funds you can select is 10.

Low Risk

Cash Fund	<input type="text"/>	%
Safe Deposit Fund	<input type="text"/>	%

Medium Risk

Consensus Cautious Fund	<input type="text"/>	%
Indexed Fixed Interest Fund	<input type="text"/>	%
Pension Protection Fund	<input type="text"/>	%

High Risk

Active Managed Fund	<input type="text"/>	%
Consensus Fund	<input type="text"/>	%
Consensus Equity Fund	<input type="text"/>	%
Indexed European Equity Fund	<input type="text"/>	%
Indexed Irish Equity Fund	<input type="text"/>	%
Global Opportunities Fund	<input type="text"/>	%
Indexed Japanese Equity Fund	<input type="text"/>	%
Indexed North American Equity Fund	<input type="text"/>	%
Indexed Pacific Equity Fund	<input type="text"/>	%
UK Equity Indexed Fund	<input type="text"/>	%

All regular and lump sum contributions will be invested in this way. If you would like regular contributions and lump sum contributions to be invested differently, how would you like lump sums to be invested?

Fund 1	<input type="text"/>	Fund 2	<input type="text"/>	Fund 3	<input type="text"/>	Fund 4	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
	%		%		%		%

Note 1

Default Investment Strategy (Annuity)

Your funds will be invested in the Consensus Equity Fund until you are 15 years from your chosen retirement date. At that date your funds and future contributions will be invested in the Consensus Fund. When you are 5 years away from retirement we will gradually switch you into the Pension Protection Fund and the Cash Fund.

Note 2

Default Investment Strategy (ARF)

Your funds will be invested in the Consensus Equity Fund until you are 15 years from your chosen retirement date. At that date your funds and future contributions will be invested in the Consensus Fund until your chosen retirement date.

Note 3

Annuity Lifestyle Option

You must choose which funds you want to be invested in initially. 5 years before your chosen retirement date will be switched into the Consensus Fund. Over the 5 years you will gradually be switched into the Pension Protection Fund and Cash Fund.

Note 4

ARF Lifestyle Option

You must choose which funds you want to be invested in initially. When you are 5 years from your chosen retirement date you will automatically be switched into the Consensus Fund until your chosen retirement date.

9(b). Fund Options (to be completed in all Complete Solutions PRSA Options cases)

Complete Solutions PRSA Options ONLY

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

1. I am funding for an annuity at retirement through the Default Investment Strategy (Annuity) ☐ See note (1)
2. I am funding for an ARF at retirement through the Default Investment Strategy (ARF) ☐ See note (2)
3. I am funding for an annuity at retirement through the Annuity Lifestyle Option
Please select funds from the panel below. ☐ See note (3)
4. I am funding for an ARF at retirement through the ARF Lifestyle Option
Please select funds from the panel below. ☐ See note (4)
5. I wish to choose a selection of funds from the options below
Please select funds from the panel below. ☐

If you do not choose one of the options above, we will invest your funds in the Default Investment Strategy (Annuity)

Fund options

The maximum number of funds you can select is 10.

Low Risk

Capital Protection Fund	<input type="text"/>	%	Indexed European Equity Fund	<input type="text"/>	%
Cash Fund	<input type="text"/>	%	Fidelity Managed International Fund	<input type="text"/>	%
Safe Deposit Fund	<input type="text"/>	%	Fidelity Global Property Shares Fund	<input type="text"/>	%

Medium Risk

Consensus Cautious Fund	<input type="text"/>	%	Fidelity Global Special Situations Fund	<input type="text"/>	%
Diversified Assets (PRSA) Fund	<input type="text"/>	%	Fidelity European Opportunity Fund	<input type="text"/>	%
Indexed Fixed Interest Fund	<input type="text"/>	%	Global Select Fund	<input type="text"/>	%
Pension Protection Fund	<input type="text"/>	%	Indexed Irish Equity Fund	<input type="text"/>	%

High Risk

Active Managed Fund	<input type="text"/>	%	Global Opportunities Fund	<input type="text"/>	%
Bloxham Contrarian Fund	<input type="text"/>	%	Indexed Japanese Equity Fund	<input type="text"/>	%
Bloxham High Yield Fund	<input type="text"/>	%	Indexed North American Equity Fund	<input type="text"/>	%
Bloxham Intrinsic Value	<input type="text"/>	%	Indexed Pacific Equity Fund	<input type="text"/>	%
Consensus Fund	<input type="text"/>	%	Property Fund	<input type="text"/>	%
Consensus Equity Fund	<input type="text"/>	%	Tomorrow's World Fund	<input type="text"/>	%
			UK Equity Indexed Fund	<input type="text"/>	%

All regular and lump sum contributions will be invested in this way. If you would like regular contributions and lump sum contributions to be invested differently, how would you like lump sums to be invested ?

Fund 1	<input type="text"/>	Fund 2	<input type="text"/>	Fund 3	<input type="text"/>	Fund 4	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
	%		%		%		%

Note 1

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Your funds will be invested in the Consensus Equity Fund until you are 15 years from your chosen retirement date. At that date your funds and future contributions will be invested in the Consensus Fund. When you are 5 years away from retirement we will gradually switch you into the Pension Protection Fund and the Cash Fund.

Note 2

Default Investment Strategy (ARF)

Your funds will be invested in the Consensus Equity Fund until you are 15 years from your chosen retirement date. At that date your funds and future contributions will be invested in the Consensus Fund until your chosen retirement date.

Note 3

Annuity Lifestyle Option

You must choose which funds you want to be invested in initially. 5 years before your chosen retirement date will be switched into the Consensus Fund. Over the 5 years you will gradually be switched into the Pension Protection Fund and Cash Fund.

Note 4

ARF Lifestyle Option

You must choose which funds you want to be invested in initially. When you are 5 years from your chosen retirement date you will automatically be switched into the Consensus Fund until your chosen retirement date.

Note 5

Switches or transfers out of the Capital Protection Fund may have a Market Value Adjustment applied. Full details are outlined in your PRSA booklet and in your Terms and Conditions booklet.

10. Declaration under Article 3(5) of Personal Retirement Savings Accounts (Disclosure) Regulations 2002

WARNING

If you propose to enter into this PRSA contract 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 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. If you are in doubt about this, please contact your PRSA provider.

Declaration of PRSA provider or Intermediary

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

Signed

Date

Name of PRSA provider or Intermediary

Declaration of person or contributor

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

Signed

Date

Name of client

11. Business Replacement (Please complete this section if pension product is provided through an Irish Life financial adviser or tied agent).

If you have replaced or partially replaced an existing PRSA contract, a retirement annuity contract or any other policy (held with us or any other company) and which has been, or is about to be, cancelled or reduced, your financial adviser must submit a 'Business Replacement Form', explaining the reasons for the replacement. Please confirm whether another policy has been replaced by ticking the appropriate box below:

☐

YES the policy is a replacement policy

☐

NO the policy is not a replacement policy

12. Direct Marketing

The information you give here will be used to process your application on computer. We may also use this information to send you details of other products from the companies within the Irish Life and Permanent Group (a financial services group mainly made up of life assurance, banking and personal finance companies). For this purpose, we may pass this information to the other companies within the group.

If you do not wish to receive such Direct Marketing information please tick here

☐

Note

The option to decline this service may be exercised any time in the future (even if you do not tick this box) by simply writing to the Marketing Department, Irish Life, Lower Abbey Street, Dublin 1.

13. Confirmation of age and Personal Public Service Number

I CERTIFY THAT I HAVE VIEWED ONE OF THE FOLLOWING DOCUMENTS (AN ORIGINAL OR GOOD QUALITY COPY) AS:

(a) confirmation of date of birth, given above

Please tick one document and insert information as requested.

	Please tick	Country of origin document	Document ref. number	Date document was issued
Birth certificate	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If name has changed, marriage certificate or deed poll for change of name	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport (current)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver's licence (current)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Identity Card (current)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

and

(b) confirmation of PPS number, given above (the number must be referred to as either the PPS number or RSI number and must be in printed form - not hand-written)

Please tick one document

Pay-slip or pay counterfoil provided by customer's employer so long as the employer is identified by name or registration number	<input type="checkbox"/>
PAYE notice of determination of tax credits and standard rate cut-off point (this document is issued by Revenue to all employees)	<input type="checkbox"/>
Social Welfare Services Card	<input type="checkbox"/>
Pension Book	<input type="checkbox"/>
P60 issued by an employer so long as the employer is identified by name or registration number	<input type="checkbox"/>
An item of previous correspondence from the Department of Social and Family Affairs giving PPSN or RSI number	<input type="checkbox"/>
An income tax return form issued by an inspector of taxes, provided it bears the customer's name and PPSN or RSI number	<input type="checkbox"/>
P45 issued by an employer so long as the employer is identified by name or registration number	<input type="checkbox"/>
Notice of assessment to income tax or capital gains tax issued by an inspector of taxes (giving number)	<input type="checkbox"/>
Notice of amended assessment to income tax or capital gains tax issued by an inspectors of taxes (giving number)	<input type="checkbox"/>
P21 Balancing Statement issued by the Inspector of Taxes	<input type="checkbox"/>
An item of previous correspondence from the Revenue Commissioners or the inspector of taxes, relating to the individual's personal income tax affairs which refers to number	<input type="checkbox"/>

Signature of adviser:

Date: / /

14. Declaration to Irish Life (to be completed in all cases)

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 will be based on this application and declaration. 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 Irish Life Assurance plc (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, I am providing written confirmation that I do not wish to avail of either Default Investment Strategy.

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 confirm I have been made aware of the Important Notes set out in Question 10 of section 6, if this PRSA is being used for AVCs.

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 Date / /

For office use only

Contract code – To be completed in all cases

5% 3% 1.50% 0%

For annual contribution cases over €1,800 please complete below

Flat or Upfront

This direct debit mandate should be completed by the customer where contributions are to be paid regularly from their own bank account. It should not be completed by the employer, or where deductions are made from the customer's salary before tax.

Direct Debit Mandate

Note: If you want to pay contributions through your bank or building society account you must fill in and sign this form. Instructions cannot be accepted to charge direct debits to a deposit or savings account.

Name of bank/ building society

Address of bank/ building society

Bank Account number Sorting Code - -

Account holders name(s)

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 inform the bank in writing if I wish 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.

First Signature

Second Signature

Date

 / /

For completion by Irish Life

Due dates on / /

and, following the first payment

every month every 3 months

every 6 months every year

Cloas originators ID no.

Originators reference -
(Policy no.)

/
(Reference)



Irish Life

Irish Life, Lower Abbey Street, Dublin 1.

Direct Debit on reverse

Irish Life PRSA Payroll Deduction Authority

Version 4

Section 1



Irish Life PRSA Payroll Deduction Authority

To be completed by the Employer for each employee in respect of any new or changed deduction arrangements



Important: Completion of this form signifies that the deductions described have already been (or will be) put into effect by the Employer without further confirmation from Irish Life. The PRSA will be started/modified to reflect these payroll deductions.

FIELDS MARKED WITH  MUST BE COMPLETED

Company details (please complete in BLOCK CAPITALS)


Name	
Address	
Employer tax reference number	

Employee details (please complete in BLOCK CAPITALS)

Name of Employee	
Employee payroll no.	
Irish Life PRSA no.	
	or <input type="checkbox"/> tick if a NEW member

NB: PRSAs only please - no other policy types are payable by payroll deduction


Type of change

Please tick one	
<input type="checkbox"/> New deduction→
If new, revised, resumed deduction	
To be paid by Employer	€
To be paid by Employee	€
Total	€
 per week <input type="checkbox"/> per fortnight <input type="checkbox"/> per month <input type="checkbox"/>	
<input type="checkbox"/> One off single contribution→
If one-off single contribution	
Employer	€
Employee	€

Note



Cheques for single contributions should be made payable to "Irish Life Assurance plc". Single contributions cannot be paid by direct debit.

Effective payroll date

Date on which payroll deductions are to take effect	 / /
	day month year

Note: In the month following the month of payroll deduction: 1 The requested changes to Irish Life PRSA plans will be processed. 2 The corresponding direct debit adjustment on the Employer's bank will take effect.

Payroll administrator details

Signed	
	Signature of person authorised to sign for and on behalf of the employer.
Contact phone number	
E-mail address	

Alterations to existing arrangements will be reflected in the next available direct debit to your bank.

Section 2 To be completed by the Employee and retained by the Employer.

I request that all my PRSA contributions be altered to € per week / fortnight / month (please delete as appropriate). I authorise my employer to make the necessary deductions from my salary and to notify Irish Life accordingly. I understand that any alterations to my PRSA will take effect in the month following the month of payroll deduction.

Signed :	
Employee Payroll Number :	
Date :	/ /



Irish Life

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ILA 7238 (NPI 04-09)

Payroll Deduction
on reverse