

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

1. Financial Adviser Details

Financial Adviser Name

Financial Adviser Code:

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Proposal Number: Proposal Date



Irish Life

Note

You may only pay by cheque where the payment is a single premium or is being made annually and the annual payment exceeds €3,000. Cheques should be made payable to Irish Life Assurance plc.

Note

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

***Note**

This date must be between 1st and 28th of the month. For direct debits to be combined, all direct debit dates must be the same.

2. Payment details

What regular contributions are to be invested? €

On what date are your payments to start? / /

Payment frequency (how often you wish to make payments) Monthly ☐ Quarterly ☐ Half yearly ☐ Yearly ☐

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

Do you want your regular payments to increase in line with inflation? Yes ☐ No ☐

What lump sum payment is to be invested? €

How are payments to be paid? Direct debit ☐ Cash ☐

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

3. Direct Marketing Consent (To be completed if pension product is provided through an Irish Life Financial Adviser or tied agent.)

The information you give here will be used to process this application on Irish Life's 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

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

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.

4. Business Replacement (To be completed if pension product is provided through an Irish Life Financial Adviser or tied agent.)

Does this proposal replace or partially replace another policy (with us or any other company) which has been cancelled or reduced or is about to be cancelled or reduced? Yes ☐ No ☐

If this is answered YES, please complete a Business Replacement Summary Form.

5a. Fund options

Low Risk

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

Medium Risk

Consensus Cautious Fund	<input type="text"/> %
Diversified Cautious Fund	<input type="text"/> %
Fixed Interest Indexed Fund	<input type="text"/> %
Diversified Balanced Fund	<input type="text"/> %
Pension Protection Fund	<input type="text"/> %
Indexed Euro Corporate Bond Fund	<input type="text"/> %

High Risk

Consensus Fund	<input type="text"/> %
Bloxham Logic Fund	<input type="text"/> %
Diversified Growth Fund	<input type="text"/> %
Irish Life Active Managed Fund	<input type="text"/> %
Pension Property Fund (Irish property)	<input type="text"/> %
UK Property Fund	<input type="text"/> %
Property Portfolio Fund	<input type="text"/> %
Eurasia Property Fund	<input type="text"/> %
Eurasia Property Plus Fund	<input type="text"/> %
Irish Life Global Opportunities Fund	<input type="text"/> %
Global Select Fund	<input type="text"/> %

High Risk

Tomorrow's World Fund	<input type="text"/> %
Fidelity Managed International Fund	<input type="text"/> %
Fidelity EMEA Fund	<input type="text"/> %
Fidelity Global Property Shares Fund	<input type="text"/> %
Fidelity Global Special Situations Fund	<input type="text"/> %
Fidelity European Opportunities Fund	<input type="text"/> %
Fidelity India Fund	<input type="text"/> %
Fidelity China Fund	<input type="text"/> %
Fidelity India China Fund	<input type="text"/> %
Fidelity MASDF	<input type="text"/> %
Bloxham High Yield Fund	<input type="text"/> %
Bloxham Contrarian Fund	<input type="text"/> %
Bloxham Intrinsic Value Fund	<input type="text"/> %
Bloxham Global Alpha Fund	<input type="text"/> %
Consensus Equity Fund	<input type="text"/> %
Indexed Irish Equity Fund	<input type="text"/> %
Indexed UK Equity Fund	<input type="text"/> %
Indexed European Equity Fund	<input type="text"/> %
Indexed North American Equity Fund	<input type="text"/> %
Indexed Japanese Equity Fund	<input type="text"/> %
Indexed Pacific Equity Fund	<input type="text"/> %
Indexed Commodities Fund	<input type="text"/> %
Self Invested Fund*	<input type="text"/> %

*If you are investing in the Self-Invested Fund please complete separate section 5b also.

Please see your Fund Guide for a list of all funds available.

Other Funds

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

All regular and lump sum contributions will be invested in this way. If you would like regular contributions to be invested as above 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

Transfers out of the Capital Protection Fund may have a Market Value Adjustment applied. More information is available from your financial adviser.

Note

Under the Occupational Pension Schemes (Investment) Regulations, 2006, trustees cannot invest more than 50% of the scheme's assets in unregulated markets unless the scheme is established as a one-member arrangement which allows that member the discretion to choose their own investments. Property is an example of an unregulated market.

5b. Additional forms to be completed if Self-Invested Fund is selected

In order to invest in the following asset types we will need the following additional information :

Investment Type	Additional Documentation	Attached ?	
Direct Property	Property Assessment Questionnaire	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Loan application form (if necessary)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Open Stockbroker Account	Investment Instruction Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Execution Only stock/share trade	Investment Instruction Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Open Deposit Account	Investment Instruction Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Invest in unit trust or other collective investment	Investment Instruction Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note

The minimum initial investment needed to start a Self-Invested Fund is €50,000.

6. Scheme Details

Is the scheme (from which payments are being transferred):

a) A self-administered Scheme? Yes ☐ OR b) A small self-administered Scheme? Yes ☐

Both a) and b) above must be a scheme that has been approved by the Revenue as a self-administered pension scheme (SAPS). If the scheme is a small SAPS, this application form should be signed by the Pensioner Trustee and one other Trustee. The small SAPS should follow special requirements set out by the Revenue in relation to same.

Name of scheme

Address for correspondence

Name of employer

Address for employer

(including associated employers)

Name of member

Revenue reference number Date scheme approved / /

Pensions Board reference no.

Is this scheme a defined contribution scheme* ☐ OR a defined benefit scheme* ☐

*As defined under the Pensions Act, 1990 as amended.

Do the rules of the above -named scheme allow for funds to be invested in this insurance policy? Yes ☐ No ☐

Note
As this plan is linked to a Self-administered Pension Scheme, Irish Life Retail cannot act as Registered Administrator as defined in the Pensions Act, 1990 as amended.

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Complete Solutions Investment Only

Profile	IC	RC	TC	PC	Tick Box
1	5%	5%	0%	0%	<input type="checkbox"/>
2	4%	4%	0%	0%	<input type="checkbox"/>
3	3%	3%	0%	0%	<input type="checkbox"/>
4	2%	2%	0%	0%	<input type="checkbox"/>
5	1%	1%	0%	0%	<input type="checkbox"/>
6	0%	0%	0%	0%	<input type="checkbox"/>
or	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

I declare that all the answers to the above questions are in every respect true and correct and that this application form will form the basis of the contract between the trustees named on this form and Irish Life Assurance plc (Irish Life). I declare that I have applied for the product named on this application and agree to the specific conditions contained in the policy terms and conditions. I declare that the self-administered pension scheme, named above, is an exempt approved scheme and has been approved by the Revenue Commissioners under Chapter 1, Part 30 of the Taxes Consolidation Act 1997. I declare that I am the trustee of the named pension scheme.

If the scheme is a small SAPS, a pensioner trustee and one other trustee must sign. If the scheme is not a small self-administered pension scheme, **two** trustees must sign.

I consent to Irish Life processing and holding (on computer or otherwise) all information disclosed by me or on my behalf on this application (or in any supplementary documents) including financial details for the purposes of issuing and administering all aspects of this contract. I also confirm that where any member details are supplied in connection with this application, that I have received the necessary authorisation from that member to provide this information. I confirm that I have made that member aware of Irish Life's requirement to process (on computer or otherwise) all information. I consent to Irish Life disclosing the data for the above purposes and to persons necessary in connection with the above purposes, to regulatory authorities or, as required by law to other insurance companies or to other companies in the Company's group.

Trustee company name (block)			
Person authorised to sign on behalf of trustee company (block):			
Status:			
Signature:			
Address:			
		Date :	/ /

1st Trustee		2nd Trustee	
Trustee name (block):	<input type="text"/>	Trustee name (block):	<input type="text"/>
	<i>Name of person authorised to sign</i>		<i>Name of person authorised to sign</i>
Status:	<input type="text"/>	Status:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Date :	<input type="text"/>	Date :	<input type="text"/>

Note: If you want to pay premiums 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	<input type="text"/>
Address of bank/ building society	<input type="text"/>
Bank Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sorting Code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Name of account to be debited	<input type="text"/>

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 ____/____/____

Due dates on / /

and, following the first payment

every month every 3 months

every 6 months every year

Originators ID no. 3 0 3 5 8 7

Originators reference -

(Policy no.)

/

(Reference)



Direct Debit Mandate on Reverse



Irish Life

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