

Personal Retirement Bond

This product is provided by Irish Life Assurance plc.

Please note that this form can be used for full paper applications or pages 1 - 3 can be used for data capture with pages 4 and 5 for signatures. If you submit the proposal electronically, please only send us the declarations section on pages 4 and 5. If you submit the proposal electronically and we receive the full application form, we will return the data capture section unchecked.

Financial adviser name

Financial adviser code

Profile

1. Member/Customer details

First Name Initial (if applicable)

Surname

Previous Surname (if any)

Home Address

Date of Birth dd/mm/yyyy Age Next Birthday

Gender Male ☐ Female ☐ Title (Mr/Mrs/Ms etc)

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

Divorced ☐ Widowed ☐

Country of Nationality

Country of Residence

Occupation

PPS Number

Email address (if applicable)

Contact phone numbers Mobile

Home

Your Plan Communication

How would you like to receive your plan communication from us? (for example, your welcome pack, letters and regular statements)

Please tick one option:

Online at www.irishlife.ie ☐ By paper post ☐

We are obliged to establish country of nationality to comply with anti-money laundering requirements

PPS number should contain 7 digits and 1 or 2 letters

If you do not choose an option we will assume you want to receive communications online @ www.irishlife.ie

You will be notified by text and email when communications are added to your account.

Your plan communications will be securely stored in your personal online account at www.irishlife.ie.

2. Single Contribution Details

If the single contribution is from another PRB fill in the details in Section 2 A

If the single contribution is from a company pension scheme please fill in the details in Section 2 B

2A. Details of existing PRB

Name of Life Office

Plan number

2B. Details of Original Pension Scheme

Name of Scheme

Pension Board Registration Number

Revenue Reference Number

Single contribution is coming from

Defined Benefit Pension ☐

Defined Contribution Pension ☐

Do the rules of the scheme allow the member/customer to avail of the ARF/AMRF options?

Yes ☐

No ☐

Normal retirement age

Name of trustees

Name of employer

Have the trustees split the contribution so that part of it is going to another PRB.

Yes ☐

No ☐

If yes, is this Invesco PRB chosen to pay your retirement lump sum?

Yes ☐

No ☐

Is there a Pension Adjustment Order (PAO) granted against this contribution

Yes ☐

No ☐

If yes, please provide details below

Employer

€

Employee

€

AVC

€

Total

€

Date employment began

Date of leaving Scheme

Did the member/customer or dependents hold 5% or more of the voting rights of the company?

Yes ☐

No ☐

Did the member/customer or dependents hold 20% or more of the voting rights of the company?

Yes ☐

No ☐

Salary at date of leaving employment

€

Other earnings for the last three years before leaving employment (for example bonuses overtime)

Earnings for three highest consecutive years ending in the last 10 years.

Does any of this single contribution relate to more than one previous pension scheme?

Yes ☐

No ☐

If yes, please give details below

We will confirm the details of the existing PRB with the relevant life office from these details

If we do not receive a breakdown of the contribution amount it will be applied as employer, retirement benefits will be updated accordingly

This is not applicable if a 20% director.

For 20% directors only. We need evidence of salary for example P60 or accountants report.

Date previous employment began / /

Date previous employment ended / /

Final Salary details

Employer

Employee

AVC

Total

3. Revenue Commissioner Details

Does the member/customer have any pension benefits from current or previous employment? Yes ☐ No ☐

If yes please, provide details below

Has the member/customer received any pension benefits on leaving any employment? Yes ☐ No ☐

If yes please, provide details below

Has the member/customer surrendered the right to take a retirement lump sum in respect of his/her pension? Yes ☐ No ☐

4. Fund Details

You can split your investment between up to 10 funds. Please make sure that the percentages add up to 100%.

Self-Invested Fund	<input type="text" value=""/>	%
Indexed Euro Short Dated Bond Fund	<input type="text" value=""/>	%
Indexed Euro Corporate Bond Fund	<input type="text" value=""/>	%
Indexed World Equity Fund	<input type="text" value=""/>	%
Indexed North American Equity Fund	<input type="text" value=""/>	%
Indexed European Equity Fund	<input type="text" value=""/>	%
Indexed Emerging Markets Equity Fund	<input type="text" value=""/>	%
Indexed Commodities Fund	<input type="text" value=""/>	%
Strategic Asset Return Fund	<input type="text" value=""/>	%

Other Funds

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

Please refer to your guide to your Self-Invested Fund booklet for the minimum amount required to invest in a Self-Invested Fund. Please also complete a separate Investment Instruction Form.

Please read your Fund Guide for a full list of the funds available.

The risk level and volatility rating of a fund can change from time to time. Please visit our website www.irishlife.ie to see the most up-to-date fund information

Personal Retirement Bond - Declarations and Consents

We need this information to match the declaration section to your electronic application

Financial Adviser

Proposal Number

Customer Name

If you submit this proposal electronically up you should only send us this section.

A. Declaration under Regulation 6(3) of the Life Assurance (Provision of Information) Regulations 2001

Only to be completed if contribution is a transfer from another Personal Retirement Bond

WARNING

If you propose to take out this plan in complete or partial replacement of an existing plan, please take special care to satisfy yourself that this plan meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing plan. If you are in doubt about this, please contact your insurer or insurance adviser.

Ref. Plan Number

Please complete this section by ticking the appropriate box:

Yes, this plan is replacing an Irish Life (or Progressive Life) plan

☐

Yes, this plan is replacing a plan from another life company

☐

Declaration of Insurer/Financial Adviser

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

(Customer name and address)

has been provided with the information specified in Schedule 1 (Customer Information Notice) to those Regulations and that I have advised the customer as to the financial consequences of replacing an existing plan with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement.



Please sign and date

Signature of Invesco Financial Adviser

X

Date

Declaration of Customer

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



Please sign and date

Signature of customer

X

Date

B. Data Consents

I consent to Irish Life Assurance plc (Irish Life)

- A. Processing and holding (online or otherwise) all information disclosed by me, or on my behalf, including personal data for the purposes of issuing and administering all aspects of the plan.
- B. Disclosing my personal data to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to other companies in Irish Life to any person to whom the plan may be assigned. We will use this information you give here to process your application (online or otherwise). You have the right to access, update and rectify your personal details by writing to the Customer Service Team at Irish Life, Lower Abbey Street, Dublin 1.

C. Delegated Authority to Complete Online Application (if applicable)

I/we authorise my Financial Adviser to complete the online application on my/our behalf based on the information that has been provided in this application form. I understand and acknowledge that in giving this authorisation the information provided will only be retained by my/our Financial Adviser and will not be passed to Irish Life.

I/we acknowledge that a record of the application will be sent to me and agree to notify Irish Life should

- I/we not receive the record ☐
- Any information in this record is, false, incorrect or incomplete ☐ tick here

D. Trustee Declaration

Only to be completed if the contribution is coming from a pension scheme

I/we declare that the information given in this application form (online or otherwise) is complete and correct and request that a Personal Retirement Bond (PRB) be issued in the name of the member in accordance with the details set out above.

I/we confirm that:

- The pension scheme is (or is intended to be) exempt approved for the purposes of the Taxes Consolidation Act 1997.
- The plan documentation empowers the trustees to purchase the PRB for the member instead of the benefits for or in respect of the member under the plan.

I/we consent to any future endorsements that may be required to allow a switch between any versions under the plan even though such switches may not now be possible under the current terms of the policy.

I/we acknowledge that Irish Life Assurance plc will provide only the benefits purchased under these bonds and will accept no further responsibilities in relation to the member and his/her dependents.

I/we declare that the member shall be entitled to request a transfer payment in accordance with the Terms of the PRB, to another scheme instead of the provision of benefits under the PRB.

Duly authorised to sign for and on behalf of the trustees

Block Capitals

Name

[illegible]

Signature

X

Please sign and date

Date _____

dd / mm / yyyy

E. Member/Customer Declaration to Irish Life

I declare that all the answers to all the questions in this application form (online or otherwise) are in every respect true and correct. I hereby agree that the contract proposed with Irish Life Assurance plc will be based on this application form (online or otherwise) and declaration. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997.

I confirm that I have read and understood all the above declarations.



Please sign and date

Member/Customer Declaration

X

Date

dd / mm / yyyy

F. Delegated Authority to Switch Funds (optional)

Please speak to your financial adviser before completing this section. If you wish to give this authority to your Financial Adviser, please sign this section.

Plan Owner:

[illegible]

Plan Number:

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Authority to be given to my Financial Adviser:

I authorise Irish Life Assurance plc (Irish Life) to accept instructions from my Financial Adviser named above, to switch funds within my plan.

I understand that this delegated authority does not extend to the Self Invested Fund (this line is only applicable for those products where SIF is available).

I understand that Irish Life will not be responsible for any instructions from or purporting to be from my Financial Adviser in relation to any switches made.

I indemnify Irish Life and its agents in respect of any claim or liability incurred by them arising directly or indirectly from action taken or omissions made in reliance on or pursuant to such instructions.

I confirm that I am aware of the risks of this product and the range of funds available under this product and have read both the product and fund guides, and the plan terms and conditions. I also accept the risk that my Financial Adviser will make decisions under this delegated authority and that these decisions may negatively impact on the performance of my plan.

I understand that this authorisation will apply until Irish Life receives a written instruction from me changing or withdrawing my authorisation.



Please sign and date

- Plan Owner Signature

X

Date _____

dd / mm / yyyy

Name of Financial Adviser

[illegible]

Please sign and date

Authorized Signatory Signature

X

Date _____

dd / mm / yyyy

