Approved retirement fund (ARF) Source of investment certificate

This certificate is required in accordance with Section 784B of the Taxes Consolidation Act 1997

Section 1 Approved	retirement fur	nd (ARF) investment			3
To be completed by Iris	h Life				
Customer's details Name in full					
Address					Irish Life
Address					
Date of birth		/ /			
	-				
Proposed amount to inv	vest €				
Proposal number Name of existing insura	nco company o	r qualifying fund mana	gar or other source:		
ivallie of existing insura	rice company o	i qualifyilig lullu illalla	iger of other source.		
Section 2 Source of		1:6	DDC4		
To be filled in by the inst for this investment. Trus	the state of the s			r. Give details of the as	ssets being used
Is the proposed investm	nent amount be	ing provided from an e	existing Approved Re	etirement Fund? Yes	No
If the answer is 'Yes' ple transferring ARF. If no i €		_		-	
If the answer is 'No', ple	ase describe wl	nere the investment is	coming from, for exa	mple, a Retirement Ar	nuity Contract,
PRSA, Company Pensio	n Plan, AVC Pla	n, Personal Retirement	Bond (buy-out bond	d) or self-administered	pension scheme.
If the proposed investrement Pension Scheme the in	_	· · ·	sion plan, please co	nfirm the name of the	e Company
We confirm that:					
the proposed investi above is beneficially		which this certificate	relates comprises of	assets to which the in	dividual named
		elates do not form part Taxes Consolidation <i>A</i>	• •	nimum Retirement Fur	nd (AMRF) within
 the assets to which t Taxes Consolidation 		elates derive from an a	pproved source with	in the meaning of Sec	tion 784B of the
Name in BLOCK CAPITALS					
Signature				Date /	1
Position					
Insurance Company/OF	-M/Other				

Approved minimum retirement fund (AMRF) Source of investment certificate

This certificate is required in accordance with Section 784D of the Taxes Consolidation Act 1997

Section 1: Proposed Approve	d Minimum Retirement	Fund (AMRF) Invest	tment	*
To be completed by Irish Life Customer's details Name in full				
Address				Irish Lif
Date of birth	/ /			
Proposed amount to invest	€			
Proposal number				
Name of existing insurance compa	any or qualifying fund mana	ager or other source:		
Section 2: Source of investme	ent			
To be filled in by the insurance co		,	Give details o	of the assets being used
for this investment. Trustee of occ	upational pension schemes	s also till this torm in.		
Is the proposed investment amount	peing provided from an existi	ng Approved Minimum	Retirement Fu	und? Yes No
If the answer is 'Yes' please confirm	_			
transferring AMRF. If no income d	rawdown has been taken ii	n the current tax year p	olease confirm	i the amount as 'Nil'.
€				
And please confirm the gross am	ount contributed to the tr	ansferring AMRF	€	
If the answer is 'No', please descri		•	•	•
PRSA, Company Pension Plan, AV	C Plan, Personal Retiremen	t Bond (buy-out-bond)	or self admin	istered pension scheme.
			C	C.I. G
If the proposed investment is con Pension Scheme the investment		sion plan, please con	firm the name	e of the Company
We confirm that:	Ü			
the proposed investment amou above is beneficially entitled; an		relates comprises of as	ssets to which	the individual named
• the assets this certificate relates Consolidation Act 1997.	s to come from an approve	d source within the me	eaning of Sect	ion 784D of the Taxes
Name in BLOCK CAPITALS				
Signature			Date	1 1
Position				
Insurance Company/QFM/Other				