



Complete Solutions Personal Retirement Savings Account for AVCs (PRSA AVC)

Application Form

NOTE: THIS APPLICATION FORM IS FOR EMPLOYEES WHO ARE MEMBERS OF THEIR EMPLOYER'S COMPANY PENSION SCHEME AND WANT TO MAKE AVCS TO A PRSA.

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application.

1. Financial adviser details

Financial adviser name	<input type="text"/>	
Financial adviser code	<input type="text"/>	<div> <div>Profile number</div> <div>Regular contribution <input type="text"/> - <input type="text"/></div> </div> <div> <div>Profile number</div> <div>Single contribution <input type="text"/> - <input type="text"/></div> </div>

2. Product selection

Please tick which product you require.

Complete Solutions PRSA Standard ☐ OR **Complete Solutions PRSA Options** ☐ (This is a non-Standard PRSA)

3. Eligibility

- Are you an Irish resident for tax purposes? Yes ☐ No ☐
- PPS Number -
PPS Number should contain 7 digits and 1 or 2 letters
- Are you an employee? Yes ☐ No ☐ If NO please complete our PRSA Application form instead
- If Yes

a) what is your occupation?	Trades, crafts & related <input type="radio"/>	Manager, professional & administrative <input type="radio"/>
	Plant & Machine operatives <input type="radio"/>	Personal & protective service <input type="radio"/>
	Clerical & secretarial <input type="radio"/>	Sales <input type="radio"/>
	Other <input type="radio"/>	
- b) are you a member of your employer's company pension scheme? Yes ☐ No ☐
If NO please complete our PRSA Application form instead

4. Personal details

Title (Mr/Mrs/Ms)	<input type="text"/>	First Name	<input type="text"/>
Initial (if applicable)	<input type="text"/>	Surname	<input type="text"/>
Male <input type="radio"/> Female <input type="radio"/>	Previous Surname (if any) <input type="text"/>		
Home address <input type="text"/>			
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>			
Total Salary (incl bonuses, BIK etc) €		<input type="text"/>	
Marital Status	Single <input type="radio"/>	Married <input type="radio"/>	Registered Civil Partner <input type="radio"/>
	Separated <input type="radio"/>	Divorced <input type="radio"/>	Widowed <input type="radio"/>
E-mail address (if applicable)	<input type="text"/>		
Contact Phone Numbers	Home <input type="text"/> - <input type="text"/>	Mobile <input type="text"/> - <input type="text"/>	

5. Contribution details

Regular contributions

Start date of plan / /

AVC Contribution € per Month ☐ Quarter ☐ Half year ☐ Year ☐

Do you want inflation protection? Yes ☐ No ☐

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

How are regular contributions to be made Payroll Deduction ☐ Direct debit ☐ Cheque ☐

Cheques for regular contributions can only be made when contributions are made on a yearly basis and exceed €3,000

If direct debit contributions chosen, what day of the month would you like direct debits taken? (1st to 28th of the month only)

AVC Single contribution €

Transfer value € A transfer application form must be completed and submitted with this form

Name of Employer

Address of Employer

Employer Tax Reference Tax Reference Number should contain 7 digits and 1 or 2 letters

For Payroll Deduction Cases - (To be completed by the Employer if applicable)

Note: Inflation protection is not available for payroll deduction cases

When will you start deducting contributions from the employee's salary? / / Please see notes at the back of this form

Note: Irish Life will start deductions from the employer's account the month following the date payroll deductions commence

Signed

Signature of person authorised to sign for and on behalf of the employer

Name Contact Number -

Email Address

6. Current pension scheme details

1. Name of Pension Scheme

2. Is your scheme: Defined Contribution ☐ or Defined Benefit ☐

3. What is the scheme Normal Retirement Age?

4. When did you start your current employment? / /

Do you on your own, or with your spouse/registered civil partner 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% ☐

To Be Completed by DC Scheme Members

1. Current value of your main scheme fund €

2. Current value of any AVC / PRSA AVC €

Contributions to your main scheme:

3. Employee Contributions € per Month ☐ Quarter ☐ Half year ☐ Year ☐

4. AVC Contributions € per Month ☐ Quarter ☐ Half year ☐ Year ☐

5. Employer Contributions € per Month ☐ Quarter ☐ Half year ☐ Year ☐

To Be Completed by DB Scheme Members

Contributions to your main scheme:

1. Employee Contributions € per Month ☐ Quarter ☐ Half year ☐ Year ☐
2. AVC Contributions € per Month ☐ Quarter ☐ Half year ☐ Year ☐
3. Current value of any AVC / PRSA AVC €

4. We require one of the following documents to be submitted with this application form

- A) Your most recent Pension Benefit Statement, or
- B) A letter from your employer confirming
- i) projected pension at your normal retirement date and
 - ii) retirement lump sum benefits at your normal retirement date
 - iii) spouse's/ registered civil partner's pension as a % of member's pension

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

C) Your employer or Personnel section can confirm below

Member's pension payable at NRA € Spouse's/Registered Civil Partner pension %

Retirement Lump Sum €

Current value of any AVC / PRSA AVC €

Name

Signed

Signature of person authorised to sign for an on behalf
of employer / Personnel Section

I am unable to provide a copy of my most recent pension benefit statement and it is not possible at this time for my employer to confirm these details. I can confirm that I am aware of my current benefits and these are outlined above. They are based on my current salary and my service at retirement. I understand that it is my responsibility to provide correct figures. If these figures are not correct, it is possible that my AVC fund could cause my benefits to exceed the maximum pension benefits allowed by the Revenue Commissioners. This may mean that my main scheme pension benefits will be reduced to reflect the excess AVC fund.

Client signature Date / /

7. Benefits from previous employments

Do you have any pension benefits from previous employments? Yes ☐ No ☐

If Yes please complete the rest of this section

If No please go to Section 8

A) Do you have Defined Contribution scheme benefits? Yes ☐ No ☐

Normal retirement age Current Value €
(including AVC / PRSA AVC values)

B) Do you have Personal Pension or PRSA (including self-employed) pension benefits? Yes ☐ No ☐

Current Value €

C) Do you have Defined Benefit scheme benefits? Yes ☐ No ☐

Normal retirement age Member's pension payable at NRA €

Retirement Lump Sum €
(if in addition to pensions at NRA)

Current value of any AVC / PRSA AVC €

Spouse's/Registered Civil Partner
pension %

(if any) as a percentage of
members pension

8. Declaration under articles 3(5) of the personal retirement savings accounts (disclosure) regulations 2002

Warning

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

This policy does not replace an existing policy ☐

This policy does replace an existing policy ☐

Policy or Reference number

Declaration of PRSA Provider/ Intermediary

I hereby declare that in accordance with Article 3 of the Personal Retirement Savings Account (Disclosure) Regulations 2002, a Preliminary Intermediary 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

Signature of PRSA Provider/
Intermediary

Date

/ /

Declaration of Client

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

Signature of Client

/ /

9. Direct marketing consent (To be completed if PRSA is taken out through an Irish Life Adviser or a tied agent)

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 ☐

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

10. Financial adviser declaration

Source of PPSN e.g. a copy of a P60, Social Welfare Card

Evidence of Age e.g. a Passport, Drivers Licence

Document Ref:

I certify that I have viewed the documents stated above. I also confirm that 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.

Where my client has confirmed the benefits provided by their defined benefit occupational pension scheme, I am satisfied that the details captured are correct.

Signature of Adviser

Date

/ /

Notes

If contributions are deducted from salary by your employer:

Your employer can take contributions from your salary whenever you are paid. This could be every week, fortnight or monthly. Irish Life 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.

11. Fund options

Please see your Fund Guide/product booklet for a full list of funds available and information on the investment strategies referred to below. You can split your investment between up to 10 funds

What investment strategy do you want to follow? Please tick (1), (2), (3), (4), (5) or (6)

Lifestyle Options

1. I am funding for an annuity through the Annuity Lifestyle Option
Please select funds from the panel below

2. I am funding for an ARF through the ARF Lifestyle Option.
Please select funds from the panel below

Default Investment Strategies

3. I am funding for an annuity through the Default Investment Strategy (Annuity)

4. I am funding for an ARF through the Default Investment Strategy (ARF)

5. I wish to choose a selection of funds from below

Funds available under PRSA Standard

	%
Consensus Fund	
Global Cash Fund	
Indexed Euro Corporate Bond Fund	
Active Managed Fund	
Indexed World Equities Fund	

Other Funds

Fund Name	%

6. I wish to choose a selection of funds from below

Funds available under PRSA Options only

	%
Protected Consensus Markets Fund	
Core Fund	
Consensus Fund	
Global Cash Fund	
Indexed Euro Short Dated Bond Fund	
Indexed Euro Corporate Bond Fund	
Active Managed Fund	
Bloxham High Yield Fund	
Indexed Commodities Fund	
Indexed World Equities Fund	
UK Property Fund	
Fidelity EMEA Fund	
Fidelity India China Fund	

Self Invested Deposit Fund

The minimum amount required to access the Self Invested Deposit Fund is €20,000. This fund is not available if you choose one of our Lifestyle Options. **Please also complete the relevant Deposit Investment Instruction Form.**

Other Funds

Fund Name	%

For PRSA Standard and Options

All regular and lump sum contributions will be invested as above. If you would like lump sum contributions to be invested differently than regular contributions please indicate your fund choice below.

	%		%

12. Client declaration to Irish Life

(A) I declare that 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.
- am aware that my 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 occupational pension scheme.
- 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 defined benefit schemes.
- understand and accept that it is my responsibility to review and consider any such options directly with my employer, and that my financial adviser will base any recommendation on the information I have provided but will not have discussed or verified this with my employer.
- 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.
- am required to notify Irish Life if I leave this employment, change my contributions to that scheme, if my salary decreases or if my benefits change.

(B) 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 (ILA) will be based on this application and declaration, and any supplementary application form attached. 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 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, and any supplementary application, 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 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 of Client

X

Date

dd / mm / yyyy



13. SEPA Direct Debit Mandate

Please complete all the fields below marked * and return this mandate to the Creditor

UMR

Creditor Identifier

Name and address of the payer:

* Debtor Name

Debtor Address

* Debtor Bank Identifier Code (BIC)

* IBAN
(Account Number)

Type of payment Recurrent ☒ or One Off Payment ☐

Creditor's name and address

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

 Please sign and date

* Signature(s)
 * Date of signing / /

For Irish Life Information purposes only

Plan Number (max 18 characters)

Person(s) on whose behalf payment is being made

Direct Debit collection date of the month (1st to 28th only)

Payment frequency Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐

SEPA Direct Debit Mandate on reverse

