

Personal Investment

This product is provided by Irish Life Assurance plc.

Please read each question carefully before you answer it. Use CAPITAL LETTERS throughout

Financial adviser name

Financial adviser code

Profile

1(a). First Proposer Personal Details

Title (Mr/Mrs/Ms etc)

First Name Initial (if applicable)

Surname

Date of Birth / / Age Next Birthday

Gender Male ☐ Female ☐

Address

Contact phone numbers Mobile

Home

Work

Email address (if applicable)

Relationship Status Single ☐ Married ☐ Registered Civil Partner ☐

Separated ☐ Divorced ☐ Widowed ☐

Country of Nationality

Previous Surname (if any)

Occupation

Country of Residence

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

We are obliged to establish tax residency to comply with Anti Money Laundering requirements

1(b). Second Proposer Personal Details

Title (Mr/Mrs/Ms etc)

First Name Initial (if applicable)

Surname

Date of Birth / / Age Next Birthday

Gender Male ☐ Female ☐

Address

Contact phone numbers Mobile

Home

Work

Email address (if applicable)

5. Investment details

Would you like to use the auto start service

Yes ☐ No ☐

Amount to invest

€

Funds

Protected Consensus Markets Fund

€

Safe Deposit Fund

€

Indexed Euro Short Dated Bond Fund

€

Indexed Euro Corporate Bond Fund

€

Indexed World Equity Fund

€

Indexed North American Equity Fund

€

Indexed European Equity Fund

€

Indexed Emerging Markets Equity Fund

€

Indexed Commodities Fund

€

Strategic Asset Return Fund

€

If other funds please give details

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"/> %

Personal Investment - Declarations and Consents

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

Financial Adviser	<input type="text"/>
Proposal Number	<input type="text"/>
Customer Name	<input type="text"/>

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

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	<input type="radio"/>
Yes, this plan is replacing a plan from another life company	<input type="radio"/>
No, this plan is not replacing another plan	<input type="radio"/>

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 Financial Adviser	<input type="text"/>
Date	<input type="text"/>

Declaration of Customer(s)

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



Please sign and date

Signature of Proposer	<input type="text"/>
Date	<input type="text"/>



Please sign and date

Signature of Joint Proposer (where applicable)	<input type="text"/>
Date	<input type="text"/>

Please note: That if you are signing on behalf of a company you should precede your signature with 'for and on behalf of company name'.

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.
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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. Important note

In signing the declaration which follows here you are agreeing to make an application to Irish Life (based on the information provided by you to us as set out in the documents referred to below) for an investment plan. If your application is accepted by Irish Life they will send you the following documents:

- a copy of the information which you have provided at the sales meeting to the Financial Adviser before you completed this application booklet and which was recorded at, or subsequent to, the sales meeting by the Financial Adviser on Irish Life's electronic sales system,
 - the general policy terms and conditions applicable to your plan,
 - your Plan Schedule, which will be a copy of the information you provided to, and agreed with, the Financial Adviser at the sales meeting,
 - a cooling-off (right of withdrawal) notice,
 - a Customer Information Notice which will describe the type of plan you have been issued with.
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E. Contract Explanation

From the date we send the above documents you have 30 days to decide if you wish to proceed with the plan or not. During this period you must advise Irish Life if any of the information in your Plan Schedule should be changed. If you do not contact Irish Life within this 30 day period they will assume that you have checked the information and that it is correct. At the end of the 30 day period, subject to payment of the agreed contribution(s), the contract will be irrevocably binding on you based on the information set out in your Plan Schedule and subject to the general policy terms and conditions.

F. Declaration

I declare and acknowledge that I have read over and understand the above Important Note and Contract Explanation. I understand that this declaration, together with the other declarations and consents I have given in this application booklet, is my application (online or otherwise) for a plan and will form the basis of any contract accepted by Irish Life (online or otherwise). I understand and agree that my contract with Irish Life will be based on:

- the declarations and consents in this booklet,
- all personal details given by me, and which will be recorded and sent to me on my Plan Schedule,
- the policy terms and conditions,
- payment by me of the agreed premium(s) for which a direct debit mandate or other form of payment has/will be agreed to by me.

I agree and consent to this application and/or Irish Life's electronic sales and business system being the only records maintained by Irish Life on which the contract will be based.

I understand that the investment will not start until Irish Life has accepted my application (online or otherwise) and that units will be purchased for me in the fund (or funds) described in my Plan Schedule at the next offer price date after the agreed contract start date.

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



Please sign and date

Signature of Proposer



Date _____

dd / mm / yyyy



Please sign and date

Signature of Joint Proposer (where applicable)



Date

dd / mm / yyyy

Please note: That if you are signing on behalf of a company you should proceed your signature with 'for and on behalf of company name'.

H. 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 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/s

☒

Date _____

dd / mm / yyyy

Name of Financial Adviser

[illegible]

Please sign and date

- Authorised Signatory Signature

☒

Date _____

dd/mm/yyyy

