

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

1. Seller Details

Seller Name:

Seller Code:

Affinity Group:

Staff Number:

FOR OFFICE USE ONLY

Proposal Number:

Proposal Date:

2. Plan Details

Current PRSA Plan Number:

3. Personal Details

Title (Mr/Mrs/Ms):

First Name:

Last Name:

Date of Birth:

4. Change of Employment

(a) Are you moving from an occupational pension scheme at work to a non-pensionable job? (or ceasing employment)

Date of leaving scheme:

Yes ☐

No ☐

(b) Have you become a member of a new occupational scheme? (or ceasing employment)

Date you became a member:

Yes ☐

No ☐

5. Contribution Alteration

1. Are you topping up your regular contributions?

Yes ☐

No ☐

2. Are you changing how you pay?

- deductions from a new employer's bank a/c

Yes ☐

No ☐

- deductions from your personal bank a/c

Yes ☐

No ☐

3. Single contribution top-up investment

Lump sum contribution:

4. Transfer value contribution from an approved pension scheme:

If yes, please continue to section 5.

If yes, your PRSA contributions automatically become additional voluntary contributions. You must complete section 10. Please continue to section 5.

If yes, please complete this section and 6,7,8 & 11. If your contributions are deducted from your salary, your employer must also sign the Payroll Deduction form at the back of this application.

Please complete section 7 (and 10 if you are now a member of an occupational pension at work) & 11. Your employer will have to complete the payroll deduction authority form at the back of this application. It may be necessary for your employer to designate Irish Life as their PRSA Provider.

Please also complete section 11 and the direct debit mandate at the back of this form.

You must complete a separate transfer application. Restrictions may apply.

6. Top-up contribution details

Regular contribution increase

	Employee /AVC contribution:		Employer contribution:		Total contribution:	
Current regular contribution:	€	per	€	per	€	per
Regular contribution to increase by:	€	per	€	per	€	per
Total new regular contribution:	€	per	€	per	€	per

On what date is your increase to start? / /

7. Business Replacement

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

8. Investment details

Please tick choice of investment funds:

☐ I wish to invest all my contributions outlined above in my existing fund(s) choice.

- Note:
- The rules of your existing fund may not allow further investment. You may be asked to make a different fund choice.
 - Where you are not currently invested in the Default Investment Strategy (DIS), your choice above indicates that you do not wish to move into this Service.

OR

☐ I wish to alter my investment fund choice as follows:

Please invest my

(a) existing fund into:

<input type="text"/>	%	<input type="text"/>	%	<input type="text"/>	%	<input type="text"/>
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(b) regular contributions into:

<input type="text"/>	%	<input type="text"/>	%	<input type="text"/>	%	<input type="text"/>
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(c) new single contribution (if any) into:

<input type="text"/>	%	<input type="text"/>	%	<input type="text"/>	%	<input type="text"/>
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(d) new transfer contribution (if any) into:

<input type="text"/>	%	<input type="text"/>	%	<input type="text"/>	%	<input type="text"/>
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- Note:
- You may complete the 'Further instructions' section below if you wish to invest in more funds.
 - If you are currently invested in the Secured Performance Fund, the Capital Protection Fund or any Property Fund, moving from these funds may cause a penalty to be applied to the fund value. Please check your plan terms & conditions.
 - Certain funds have restrictions on entry (e.g. the Secured Performance Fund) and you may not be able to access the fund of your choice. If this is the case you will be asked to make a different fund choice.
 - If you are currently invested in the Default Investment Strategy (DIS) or the Individual Investment Service (IIS) and you choose to invest any part of your plan into different fund, you will be moved out of this Service. By signing the Declaration on this application, you are giving us written confirmation that you do not wish to invest in the DIS or the IIS.
 - If you are currently invested in Property a notice period may apply before you can move out of that fund.

Further instructions (if any):

9. Employer details

You should complete this section if you wish to change the method of payment from your own bank account to an employer-deduction arrangement where contributions are deducted from your salary before tax.

Name of employer	<input type="text"/>	Company registered number	<input type="text"/>
Address for correspondence	<input type="text"/>		
	<input type="text"/>		
Employer contact name:	<input type="text"/>	Employer contact number:	<input type="text" value="Prefix"/> <input type="text" value="Number"/>

If you wish to change the method of payment to an employer-deduction arrangement where contributions are deducted from your salary before tax your employer must now sign an agreement with Irish Life to commence this facility (if they have not done so before), and also complete the Payroll Deduction Authority Form at the back of this application. You should contact your financial adviser who will contact your employer in this matter.

Please note the following:

Changing to 'Payroll Deduction' may cause a delay in your deductions being invested.

It works as follows: Your employer will take contributions from your salary whenever you are paid. This could be every week, fortnight or month. Irish Life then deducts these contributions from your employer's bank account. We deduct on a monthly basis. 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.

An example of how this works is as follows:

If you are paid weekly and decide to make a regular contribution of €60 per week, Irish Life will 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 per month and we will collect this amount from your employer's bank account every month by direct debit.

If you are paid monthly, we will deduct the monthly contribution from your employer's bank account every month.

10. Additional Information if your contributions have become Additional Voluntary Contributions (where you are a member of an occupational pension scheme at work)

Name of existing pension scheme	<input type="text"/>	
Give the date when you became a member of this scheme	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	
Type of occupational pension scheme		
1. Are you a member of the CIE Pension Scheme for Regular Wages Staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you a member of the Construction Federation Operatives Pension Scheme	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is your existing pension scheme a defined contribution scheme ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. If yes what is the current value of the pension fund	<input type="text"/>	
b. Do you have a copy of your most recent pension benefit statement which you can provide us with to check the above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. If, no, please confirm you have obtained this current value recently from your employer/trustees.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note

We do not offer AVC options to members of any other defined benefit scheme

4. Do you on your own, or with your spouse 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% ☐

5. When did you start your current employment?

6. What is your employer's pension schemes normal retirement date?

/ /

7. How much is paid into the scheme?

€ per by your employer

€ per by you (including both ordinary contributions and any existing AVCs)

8. Salary details

a. Basic Salary €

b. Benefit in kind €

c. Bonuses (any other schedule E earnings) €

9. Previous pension benefits

☐ Yes ☐ No

Defined benefit
Company scheme

Defined Contribution
Company scheme

Personal Pension/
PRSA

a) Pension - previous employment

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

b) Normal retirement age

/ /

/ /

c) Current Value

€

€

d) Your pension as % of salary

%

Escalation per annum

%

e) Spouse's pension % of your pension

%

Escalation per annum

%

f) Date you left scheme?

/ /

/ /

g) Salary on leaving scheme?

€

€

10. I confirm that the information provided above is correct to the best of my knowledge and that I have been made aware that:

- Although this PRSA is not linked to my employer's main pension scheme, Irish Life is obliged to pay out the fund in line with the maximum benefits allowed by the Revenue Commissioners (if still being used as an AVC option at that time)
- Benefits under this PRSA must be paid out at the same time as I take benefits under my employer's scheme (if still being used as an AVC option at that time)
- I must notify Irish Life if I leave the above occupational pension scheme; change the amount I am paying into that scheme or my salary decreases significantly.

Signed

Date

/ /

Note

"For members of the Construction Federation Operatives Pension Scheme, please state when you joined this scheme if this was before you started with your current employer.

Note

Defined benefit
A defined benefit scheme provides a guaranteed pension at retirement e.g. 2/3rds of final salary

Defined Contribution
The pension from a defined contribution scheme depends on the size of the accumulated fund at retirement

11. Declaration to Irish Life (to be completed in all cases)

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 amended contract proposed between me and Irish Life Assurance plc will be based on this application and declaration. 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 Irish Life Assurance plc (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.

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

X

Date

dd

/

mm

/

yyyy

FOR OFFICE USE (Brokerage only)

PRSA standard					PRSA performance												
1/5				1/0	1.35/5				1.35/3				1.2/5				1.2/0
INIT	Level	Fund	INIT	NIL	INIT	Level	Fund	INIT	INIT	Level	Fund	INIT	INIT	Level	Fund	INIT	NIL
REN			Fund		REN			Fund	REN			Fund	REN			Fund	

12. SEPA Direct Debit Mandate -

where you wish to change your personal bank account details on our records

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

UMR

Creditor Identifier

I E 3 0 Z Z Z 3 0 3 5 8 7

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

I R I S H L I F E A S S U R A N C E P L C

L O W E R A B B E Y S T R E E T

D U B L I N 1

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)

X

* Date of signing

dd

/

mm

/

yyyy

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☐

Direct Debit on reverse



Irish Life PRSA Payroll Deduction Authority

Version

Section 1 To be completed by the Employee and retained by the Employer.

I request that all my PRSA contributions be altered to € per week /fortnight / month (please delete as appropriate). I authorise my employer to make the necessary deductions from my salary and to notify Irish Life accordingly. I understand that any alterations to my PRSA will take effect in the month following the month of payroll deduction.

Signed:

Employee Payroll Number:

Date:

 / /

Section 2 Irish Life PRSA Payroll Deduction Authority

To be completed by the Employer for each employee in respect of any new or changed deduction arrangements

Important: Completion of this form signifies that the deductions described have already been (or will be) put into effect by the Employer without further confirmation from Irish Life. The PRSA will be started/modified to reflect these payroll deductions.

FIELDS MARKED WITH  MUST BE COMPLETED

Employee details (please complete in BLOCK CAPITALS)

Name of Employee

Employee payroll no.

Irish Life PRSA no.

NB: PRSAs only please - no other policy types are payable by payroll deduction

Revised deduction changes

Revised deduction

To be paid by Employer

To be paid by Employee

Total



per week

☐

per fortnight

☐

per month

☐

If once-off single payment

Employer

€

Employee

€

Effective payroll date

Date on which payroll deductions are to take effect

 / /
day month year

Note: In the month following the month of payroll deduction: 1 The requested changes to Irish Life PRSA plans will be processed. 2 The corresponding direct debit adjustment on the Employer's bank will take effect.

Note

Alterations to existing arrangements will be reflected in the next available direct debit to your bank.

Payroll administrator details

Signed

Person duly authorised to sign on behalf of the employer.

Contact phone number

E-mail address

Payroll Deduction on reverse