

ARF/AMRF

This product is provided by Irish Life Assurance plc.

Financial adviser name	<input type="text"/>
Financial adviser code	<input type="text"/>
Profile	<input type="text"/>

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 - 7 for signatures. If you submit the proposal electronically, please only send us the declarations section on pages 4 - 7. If you submit the proposal electronically and we receive the full application form, we will return the data capture section unchecked.

In completing this proposal form please note:

ARF/AMRF products are designed to allow you to control your pension fund and you can determine the rate at which you take withdrawals from the fund. However, depending on the investment return, the rate of withdrawals and how long you live in retirement, there is no guarantee that the fund will last for your lifetime. Before completing this application form please ensure you have read and understood the product booklet.

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. Member/Customer details

First Name	<input type="text"/>	Initial (if applicable)	<input type="text"/>
Surname	<input type="text"/>		
Previous Surname (if any)	<input type="text"/>		
Gender	Male <input type="radio"/> Female <input type="radio"/>	Title (Mr/Mrs/Ms etc)	<input type="text"/>
Home Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Age Next Birthday	<input type="text"/>
Relationship 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"/>		
Country of Nationality	<input type="text"/>		
Country of Residence	<input type="text"/>		
Occupation	<input type="text"/>		
PPS Number	<input type="text"/>		
Email address (if applicable)	<input type="text"/>		
Contact phone numbers	Mobile	<input type="text"/>	
	Home	<input type="text"/>	

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. Contribution Details

In ALL cases a Source of Investment Certificate must be completed by the Insurance Company, QFM, PRSA provider or Trustee(s) transferring the money. Please submit a Source of Investment Certificate for completion direct to the relevant institution, together with their completed claim documentation.

Total Fund	€
Retirement lump sum	€
Invesco AMRF	€
Invesco ARF	€

Please see your Fund Guide for a full list of available funds. You can split your investment between up to 10 funds

3. Fund Details

A minimum of 5% of the payment must be set aside in the liquidity account to pay the minimum withdrawal amount. 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

	ARF %	AMRF %
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	%	%
Self-Invested Fund	%	%
Other Funds		
	%	%
	%	%
	%	%
	%	%
	%	%

4. Cash Withdrawal and Minimum Withdrawal amounts for ARF

Please Note: Due to the imputed distribution requirements introduced by the Finance Act 2006, we will deduct a minimum withdrawal of 5% of the value of the ARF during December each year. It is your responsibility to let us know if you have other ARFs and vested PRSAs with a total value greater than €2 million. This is automatically deducted from your ARF and paid to you net of income tax, PRSI and the Universal Social Charge (USC). This applies from the year you turn 61. Where the total value of your ARFs and vested PRSAs exceed €2 million then a withdrawal of 6% from your ARF must be made each year. For more information please see your product booklet or speak to your financial adviser.

Optional Regular Withdrawal – ARF only

You can choose to take a regular withdrawal from your ARF, however you must choose a withdrawal level of 5% or greater. If you wish to take a regular withdrawal from your ARF please indicate below the annual withdrawal you would like to draw down as a percentage of the value of your fund. We will pay the net amount to the account you have provided below.

If at any point after taking out your AMRF you satisfy the guaranteed income for life requirement of €18,000 per year (current as at May 2012) from other sources your AMRF should become an ARF and tax will be due on a minimum withdrawal of 5% (current as at May 2012) of your AMRF fund per year. **It is your responsibility to let us know if your income circumstances have changed. Your AMRF also becomes an ARF when you are aged 75 or over.**

Withdrawal Amount	5% <input type="radio"/>	6% <input type="radio"/>	7% <input type="radio"/>	8% <input type="radio"/>	9% <input type="radio"/>	Other <input type="radio"/>	<input type="text"/>	(Max 15%)
Payment Frequency	Monthly <input type="radio"/>	Quarterly <input type="radio"/>	Half yearly <input type="radio"/>	Yearly <input type="radio"/>				
Regular Withdrawals to start	<input type="text"/> dd / <input type="text"/> mm / <input type="text"/> yyyy							
Name of bank/ building society	<input type="text"/>							
Address of bank/ building society	<input type="text"/>							
Account number	<input type="text"/>				Sort Code	<input type="text"/> - <input type="text"/> - <input type="text"/>		
Account holders name(s)	<input type="text"/>							

ARF/AMRF - 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

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

☐

No, this plan is not replacing another plan

☐

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.



Signature of Invesco Financial Adviser

X

Please sign and date

Date

Declaration of Customer

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



Signature of customer

X

Please sign and date

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. ELIGIBILITY FOR ARF

Please answer the following questions if you are taking out an ARF. If you cannot answer 'Yes' to at least one of the four questions below, you must pay €119,800 (or such lesser amount where the fund is less than €119,800) into an Approved Minimum Retirement Fund.

- Yes ☐ I have used or I am in the process of using at least €119,800 of my pension fund to invest into an Approved Minimum Retirement Fund (including this application) or to purchase a pension for life, from Irish Life or another provider. Where retirement benefits were taken before 6th February 2011 at least €63,500 must have been invested in an Approved Minimum Retirement Fund.
- Please attach written confirmation from Qualifying Fund Manager or Insurance Company with this application. Alternatively, please supply the following details and Irish Life will contact the Qualifying Fund Manager or Insurance Company for confirmation of this.

Name of Provider	<input type="text"/>
Address of Provider	<input type="text"/>
Policy or Reference Number	<input type="text"/>
Amount Paid	€ <input type="text"/>

- Yes ☐ I have a guaranteed income for life of at least €18,000 per annum, including State Pension Entitlements. Where retirement benefits were taken before 6th February 2011 a guaranteed income for life of at least €12,700 per annum is required. Please attach proof of income e.g. copy payment advices, letter from administrator, annuity schedule, etc. Examples of a guaranteed pension for life include a personal annuity, the State Transition Pension or the State Pension (Contributory).

- Yes ☐ I am aged over 75 - Please provide proof of age e.g. copy birth certificate, copy of passport, etc.

- Yes ☐ I have inherited these funds following the death of the original ARF/AMRF investor.

Guaranteed income for life and AMRF amounts are current as at May 2012.

G. Source of Investment certificate

Approved retirement fund (ARF)

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

Section 1 Approved retirement fund (ARF) investment

Customer's details

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Date of Birth	<input type="text"/>
Proposed Amount to invest	€ <input type="text"/>
Proposal Number	<input type="text"/>
Name of existing insurance company or qualifying fund manager or other source	<input type="text"/>
	<input type="text"/>

To be filled in by the insurance company, qualifying fund manager, PRSA provider. Give details of the assets being used for this investment. Trustee of occupational pension schemes also fill this form in.

Section 2 Source of investment

Is the proposed investment amount being provided from an existing Approved Retirement Fund? Yes ☐ No ☐

If the answer is 'Yes' please confirm the gross value of all income drawdowns taken in the current tax year from the transferring ARF. If no income drawdown has been taken in the current tax year please confirm the amount as 'Nil'.

€

If the answer is 'No', please describe where the investment is coming from, for example, a Retirement Annuity Contract, PRSA, Company Pension Plan, AVC Plan, Personal Retirement Bond (buy-out bond) or self-administered pension scheme.

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

If the proposed investment is coming from a Company Pension plan, please confirm the name of the Company Pension Scheme the investment is being transferred from.

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

We confirm that:

- the proposed investment amount to which this certificate relates comprises of assets to which the individual named above is beneficially entitled; and
- the assets to which this certificate relates do not form part of an Approved Minimum Retirement Fund (AMRF) within the meaning of Section 784C of the Taxes Consolidation Act 1997; and
- the assets to which this certificate relates derive from an approved source within the meaning of Section 784B of the Taxes Consolidation Act 1997.

Block Capitals



Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>
Position	<input type="text"/>
Insurance Company/QFM/Other	<input type="text"/>

G. Source of Investment certificate

Approved minimum retirement fund (AMRF)

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

Section 1 Proposed approved minimum retirement fund (AMRF) investment

Customer's details

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Proposed Amount to invest	€ <input type="text"/>
Proposal Number	<input type="text"/>
Name of existing insurance company or qualifying fund manager or other source	<input type="text"/> <input type="text"/>

To be filled in by the insurance company, qualifying fund manager, PRSA provider. Give details of the assets being used for this investment. Trustee of occupational pension schemes also fill this form in.

Section 2 Source of investment

Is the proposed investment amount being provided from an existing Approved Minimum Retirement Fund? Yes ☐ No ☐

If the answer is 'Yes' please confirm the gross value of all income drawdowns taken in the current tax year from the transferring AMRF. If no income drawdown has been taken in the current tax year please confirm the amount as 'Nil'.

€

And please confirm the gross amount contributed to the transferring AMRF

€

If the answer is 'No', please describe where the investment is coming from, for example, a Retirement Annuity Contract, PRSA, Company Pension Plan, AVC Plan, Personal Retirement Bond (buy-out bond) or self-administered pension scheme.

If the proposed investment is coming from a Company Pension plan, please confirm the name of the Company Pension Scheme the investment is being transferred from.

We confirm that:

- the proposed investment amount to which this certificate relates comprises of assets to which the individual named above is beneficially entitled; and
- the assets this certificate relates to come from an approved source within the meaning of Section 784D of the Taxes Consolidation Act 1997.

Block Capitals



Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Position	<input type="text"/>
Insurance Company/QFM/Other	<input type="text"/>

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:
Plan Number:

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.

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

Date

Name of Financial Adviser



Please sign and date

Authorised Signatory Signature

Date

