

ARF/AMRF

Application Form - Brokerage

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

Financial adviser details

LARC Registration No:

Area

Manager

Code

In completing this proposal form please note:

The ARF products are designed to allow you to control the capital and you can determine the rate at which you draw down income from the fund. However, depending on the investment return, the rate of drawdown 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.

1. Personal Details

Main life's name in full (surname first)

Mr/Mrs/Ms

Date of birth

/ /

Maiden name if married woman

Address

Telephone Number

Home:

Work:

Are you

☐

married?

☐

single?

☐

separated?

☐

widowed?

☐

divorced?

PPS Number



Irish Life
BROKER SERVICES

Note:

Definition of Proprietary director under Finance Act 2000:

"Proprietary Director" means a director who, either alone or together with his or her spouse and minor children is or was at any time within 3 years of the date of:

- (a) the specified normal retirement date;
- (b) an earlier retirement date, where applicable;
- (c) leaving service; or
- (d) in the case of a pension or part of a pension payable in accordance with a pension adjustment order, the relevant date in relation to that order

is the beneficial owner of shares which, when added to any shares held by the trustees of any settlement to which the director or his or her spouse had transferred assets, carry more than 5% of the voting rights in the company providing the benefits or in a company which controls that company.

2. Product Options

Total Fund

€

Tax - free lump sum

€

Balance to be invested in an ARF/AMRF

€

Complete Solutions AMRF

☐

OR

Complete Solutions AMRF 2

☐

Complete Solutions ARF

☐

OR

Complete Solutions ARF 2

☐

AMRF

€

ARF

€

3. Source of Investment

REMEMBER: A Source of Investment Certificate must be completed by the Insurance Company/QFM/ PRSA provider/Trustee(s) transferring the money in ALL cases

Is the investment from:

A personal pension plan

☐

A company pension plan, where you are a proprietary director of the company

☐

An additional voluntary contribution (AVC) pension plan

☐

A buy out bond, from a pension plan where you were a proprietary director of the company

☐

A Personal Retirement Savings Account (PRSA)

☐

If yes is the PRSA from Irish Life ☐ or other provider (please state provider)

Another AMRF or ARF ☐

Name and address of previous investment manager or life office

Policy Number

Initial AMRF investment with previous manager

Policy number

Have you inherited these funds following the death of the original ARF/AMRF investor? ☐ Yes ☐ No

If so, what is your relationship to the deceased? Spouse ☐ Other ☐ (please specify)

4. Eligibility for ARF/AMRF

Please answer the following questions. If you cannot answer 'yes' to at least one of the four questions above, you must pay €63,500 (or such lesser amount where the fund is less than €63,500) into an Approved Minimum Retirement Fund until you reach age 75.

1. Are you aged 75 or over?

☐ Yes ☐ No

2. Have you a guaranteed pension for life of at least €12,700 per annum, including State Pension Entitlements?

☐ Yes ☐ No

Documents required if your answer is yes

Birth Certificate

Copy of State Pension Booklet

Copy of P60

We may seek confirmation directly from the insurance company of pension income.

(a) How much of this is State Pension

€

(b) How much of this is other pension income

€

Name and address of Insurance Company paying this other Pension income.

3. Have you invested at least €63,500 in an Approved Minimum Retirement Fund with Irish Life or another investment company?

☐ Yes ☐ No

Irish Life will contact the Qualifying Fund Manager for confirmation of this. Alternatively you can request written confirmation of this from the Qualifying Fund Manager yourself and submit it to us with this application.

Amount Paid

€

Qualifying Fund Manager

Address

Policy or Reference number

4. Have you paid at least €63,500 from a pension fund to buy a pension for life from Irish Life or another insurance company?

☐ Yes ☐ No

Irish Life will contact the Insurance Company for confirmation of this. Alternatively you can request written confirmation of this from the Insurance Company yourself and submit it to us with this application.

Amount Paid

€

Pension provider

Address

Policy or Reference number

Note:

You are required to be in receipt of a guaranteed pension before transfer into an ARF.

Note:

Examples of a guaranteed pension for life include a personal annuity, the State Transition Pension or the State Pension (Contributory).

5. AMRF/ARF Investment Details

Low Risk		High Risk (Actively Managed Equity)	
	ARF	AMRF	
Cash Fund	<input data-bbox="435 293 528 331" type="text" value="%"/>	<input data-bbox="552 293 644 331" type="text" value="%"/>	Irish Life Global Opportunities Fund
Capital Protection Fund *	<input data-bbox="435 365 528 403" type="text" value="%"/>	<input data-bbox="552 365 644 403" type="text" value="%"/>	Bloxham High Yield Fund
Secured Performance Fund	<input data-bbox="435 436 528 474" type="text" value="%"/>	<input data-bbox="552 436 644 474" type="text" value="%"/>	Bloxham Contrarian Fund
			Bloxham Intrinsic Value Fund
Medium Risk (Mixed Asset)			
Consensus Fund	<input data-bbox="435 577 528 616" type="text" value="%"/>	<input data-bbox="552 577 644 616" type="text" value="%"/>	Fidelity Managed International Fund
Diversified Assets Fund	<input data-bbox="435 649 528 687" type="text" value="%"/>	<input data-bbox="552 649 644 687" type="text" value="%"/>	Fidelity Global Special Situations Fund
Irish Life Active Managed Fund	<input data-bbox="435 721 528 759" type="text" value="%"/>	<input data-bbox="552 721 644 759" type="text" value="%"/>	Fidelity Global Property Shares Fund
Logic	<input data-bbox="435 792 528 831" type="text" value="%"/>	<input data-bbox="552 792 644 831" type="text" value="%"/>	Fidelity European Opportunities Fund
Medium Risk (Property)			
Pension Property Fund (Irish)	<input data-bbox="435 864 528 902" type="text" value="%"/>	<input data-bbox="552 864 644 902" type="text" value="%"/>	Fidelity India China Fund
UK Property Fund	<input data-bbox="435 936 528 974" type="text" value="%"/>	<input data-bbox="552 936 644 974" type="text" value="%"/>	PIIM International Share Fund
Property Portfolio Fund	<input data-bbox="435 1008 528 1046" type="text" value="%"/>	<input data-bbox="552 1008 644 1046" type="text" value="%"/>	
			High Risk (Indexed Equity)
Medium Risk (Fixed Interest)			Indexed Global Equity Fund
Pension Protection Fund	<input data-bbox="435 1149 528 1187" type="text" value="%"/>	<input data-bbox="552 1149 644 1187" type="text" value="%"/>	
Fixed Interest Indexed Linked Fund	<input data-bbox="435 1220 528 1258" type="text" value="%"/>	<input data-bbox="552 1220 644 1258" type="text" value="%"/>	High Risk (Indexed Equity)
			Irish Equity Indexed Fund
High Risk (Self Invested) **			UK Equity Indexed Fund
Self-Invested Fund	<input data-bbox="435 1350 528 1388" type="text" value="%"/>	<input data-bbox="552 1350 644 1388" type="text" value="%"/>	European Equity Indexed Fund
			North American Equity Indexed Fund
			Japanese Equity Indexed Fund
			Pacific Equity Indexed Fund
			Ethical Global Equity Indexed Fund
			Indexed Commodities Fund
			Other Funds
	<input data-bbox="938 1888 963 1912" type="text" value="%"/>	<input data-bbox="1217 1888 1243 1912" type="text" value="%"/>	
	<input data-bbox="938 1962 963 1986" type="text" value="%"/>	<input data-bbox="1217 1962 1243 1986" type="text" value="%"/>	
	<input data-bbox="938 2036 963 2060" type="text" value="%"/>	<input data-bbox="1217 2036 1243 2060" type="text" value="%"/>	

Note:

To invest in the Secured Performance Fund, you must have been invested in this fund through your pension plan for at least 5 years before you retire. The maximum you can invest is the amount you had previously invested through your pension plan.

Note:

Transfer out of the Secured Performance Fund or Capital Protection Fund may have a market value adjustment applied. More information is available from your financial adviser.

Note:

The minimum amount required to open a Self-Invested Fund is €50,000.

** If you are investing in a Self-Invested Fund please complete separate Section 6 on the next page

* this Fund was formerly called the Guaranteed Fund

6. Additional information if you have chosen the Self-Invested Fund

In order to invest in the following asset types we will need the following additional information :

Investment Type	Additional Documentation	Attached ?			
Direct Property	Property Assessment Questionnaire	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Loan application form (if necessary)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Open Stockbroker Account	Investment Instruction Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Execution Only stock/share trade	Investment Instruction Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Open Deposit Account	Investment Instruction Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Invest in unit trust or other collective investment	Investment Instruction Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Self-Invested Fund Declaration.

I confirm that I have received and have read Irish Life's 'Guide to my Self-Invested Fund' and that I understand the information contained therein.

I understand and accept that I am responsible for all investment decisions and transactions which I instruct Irish Life (or parties acting for Irish Life) to add or remove from my Self Invested Fund and that Irish Life will not be responsible in any way for such decisions or transactions. I understand and accept that Irish life will not be liable for the acts, omissions or errors of third parties in relation to my Self Invested Fund.

I understand and accept that the types and levels of risk which may attach to my Self-Invested Fund will vary and could be very significant depending on the investment decisions which I instruct Irish Life to transact on the fund, and that it is my responsibility to ensure that I have sought and obtained any advice required in relation to such investments and to be satisfied as to their suitability to my requirements and my attitude to risk.

I further understand that Irish Life reserves, at its absolute discretion, the right to reject any investment instructions which are received from me and that in so doing Irish Life is not in anyway assessing the suitability of such instructions for me and is acting only to ensure that Irish Life complies with legislative and/or other general administrative or practical limitations which Irish Life applies to such funds.

I understand and accept that the charges and expenses incurred within the Self-Invested Fund are not fixed and can vary depending on the investment instructions which I give to Irish Life and on the 3rd parties which may be required to carry out such instructions.

I understand and accept that the contributions I have instructed to be invested in the Self-Invested Fund will be held initially in a non-interest bearing cash account, which forms part of the Plan, until I have given Irish Life further investment instructions and any additional information required to execute these instructions.

Signature

Date

 / /

7. Cash Withdrawal and Minimum Income Amounts.

Please Note: Due to imputed distribution regulations introduced by the Finance Act 2006 we have introduced a Minimum Income Amount on all ARF contracts if you are aged 60 or over (and AMRFs where you are aged 75 or over). The minimum incomes we must deduct are outlined below:

2007 Tax year	1% of the value of the ARF during December 2007
2008 Tax year	2% of the value of the ARF during December 2008
2009 and subsequent tax years	3% of the value of the ARF during December each year

We will automatically deduct the amounts outlined above from your ARF if you are aged 60 or over (or AMRF where you are aged 75 or over) each December and send you a cheque for the amount which will be net of income tax and PRSI.

For full information on the Minimum Income Amounts please consult your product booklet or speak to your broker.

Optional Regular Income - ARF only

You can choose to take a regular income from your ARF, however due to the imputed distribution requirements described above the income level you choose must be 3% or greater. If you do not choose a regular income below we will automatically deduct the Minimum Income Amount outlined above.

If you wish to take a regular income from your Approved Retirement Fund please indicate below the Annual level you would like to draw down as a percentage of the value of your fund:

☐ 3% ☐ 4% ☐ 5% ☐ 6% ☐ 7% ☐ 8% ☐ 9%

Would you like this income to be paid:

☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

Automatic income Commencement date

 / /

Note:

If you do not take an Optional Regular Income from your ARF we will automatically pay you the relevant Minimum Income Amount annually.

8. Top-ups to an existing AMRF or ARF

	AMRF	ARF
Policy number	<input type="text"/>	<input type="text"/>
Lump sum contribution	€ <input type="text"/>	€ <input type="text"/>
Please complete Section 3 and Section 5.		

9. Bank Details: Required for payment of cash drawdown if payment is to be made to bank or building society

Name of bank	<input type="text"/>		
Address of bank	<input type="text"/>		
Name of account	<input type="text"/>		
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bank sort code	<input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/>

Note:

The advantage of using a bank is that you do not have the task of lodging the cheque into your account.

10. Declaration under regulation 6(3) of the Life Assurance (Provision of Information) Regulations, 2001

WARNING

If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or insurance intermediary

Please complete this section by ticking the appropriate box:

This policy does not replace an existing policy ☐ This policy does replace an existing policy ☐

Ref: Policy Number

Declaration of Intermediary

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001

(Insert client name and address in block letters)

has been provided with the information specified in Schedule 1 to those Regulations and that I have advised the client as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of intermediary:

On behalf of (company name):

Date: / /

Declaration of Client

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

Signed (Signature of client)

Date

 / /

Data Protection:

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 & 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 avail of this service, please tick this box. ☐

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

11. Declaration under Section 784B and 784D Taxes Consolidation Act 1997

I the undersigned hereby declare that

1. I am beneficially entitled to the money and/or assets that are being transferred to the Approved Retirement Fund and/or Approved Minimum Retirement Fund
2. The full amount of the money and/or assets being transferred is being transferred by virtue of the exercise of the option available to me under 772 (3A)(A) and s784(2A) of the Taxes Consolidation Act 1997, and/or was previously held in an Approved Retirement Fund/Approved Minimum Retirement Fund in my name or in the name of my spouse

I authorise any insurance provider or any pension scheme trustees to provide Irish Life with details of any pension annuity being paid to me. I undertake to provide Irish Life with any information required to administer my policy/policies.

I understand that my investment will not begin until Irish Life have received and accepted my investment, a fully completed application form and any other documentation or information requested. I understand that this form is an application for investment on Irish Life's standard terms subject to any variation from these proposed on my behalf by my Financial Adviser which may be accepted or rejected by Irish Life.

I understand that Irish Life is required to deduct tax from any payments to me. I understand that if Irish Life has not received the appropriate tax-free allowance certificate or tax deduction card from the Revenue commissioners in respect of my ARF/AMRF, then tax will be deducted at the higher rate of tax from ARF/AMRF payments and under the emergency system for Pension products.

I further declare that all of the answers in this application form are in every respect true and correct and I agree that the contract proposed between me and Irish Life plc will be based on this application and declaration.

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 ILA separately. ILA may hold and process this information for administrative, customer care and service purposes. I consent to ILA disclosing this information to persons necessary in connection with this contract or transactions including regulatory authorities, other companies in the Company's group, other insurance companies or as required by law.

Signature: Date: / /

Address:

Note:

The trustee needs to sign over the investment if the initial investment is from a Company pension plan, AVC pension plan, or any pension arrangement where there is a trustee.

Additional Trustee Declaration (for transfers from company pension arrangements only)

I request that an AMRF, ARF and/or other Pension Choice products be issued in the name of the employee in accordance with the details set out above. Duly authorised to sign for and on behalf of the trustees

Name of Trustee in BLOCK CAPITALS: Date: / /

Signature: Date: / /

Scheme name:

Revenue approval number

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Complete Solutions

IC 0 - 3% Plan Charge: 0% 0.25% 0.5%



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