



## Complete Solutions Personal Pension

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

Financial Adviser Name

Financial Adviser Code

Please note that this form can be used for full paper applications or pages 1-3 can be used for data capture with pages 5-7 for signatures and Direct Debit mandate. If you submit the proposal electronically, please only send us the declarations section and Direct Debit Mandate on pages 5-7. If you submit the proposal electronically and we receive the full application, we will return the data capture section unchecked.

### 1. Profile Number

Regular Premium

Lump Sum

### 2. Product Selection

Please tick which product you require:

Complete Solutions Personal 1 or Complete Solutions Personal 1 Bond

☐

Or

Complete Solutions Personal 2 or Complete Solutions Personal Bond

☐

### 3. Eligibility

- Are you self-employed or a partner acting in some trade, profession or occupation? Yes ☐ No ☐  
Your self-employment, employment or occupation must be liable to tax under schedule D (case I or II) or E in the Republic of Ireland.
- Are you an employed person or the holder of an office of employment? Yes ☐ No ☐  
If Yes, is one or more of your occupations non pensionable? Yes ☐ No ☐
- Are you an Irish resident for tax purposes? Yes ☐ No ☐
- Please give the plan numbers of any existing retirement contracts with this company

### 4. Personal Details

First Name

Initial (if applicable)

Surname

Previous Surname (if any)

Home Address

Date of Birth

Age Next Birthday

Gender

Male ☐

Female ☐

Title (Mr/Mrs/Ms etc)

Relationship Status

Single ☐

Married ☐

Registered Civil Partner ☐

Separated ☐

Divorced ☐

Widowed ☐

Country of Nationality

Occupation

Email Address (if applicable)

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

[illegible][illegible]

Must be between the age of 60 and 75

If regular contributions are being made please complete the following details

dd / mm / yyyy

€

per month ☐ per quarter ☐ half yearly ☐ annually ☐

Do you want inflation protection? Yes ☐ No ☐

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

How are regular contributions to be made ☒ Direct Debit ☐ Cheque

Cheques for regular contributions can only be made when contributions are made on a yearly basis and exceed €3000.

If direct debit contributions are chosen, what day of the month would you like direct debits taken?

(1st to the 28th of the month only)

€	
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(by cheque only)

€	
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(by cheque only)

You can split your investment between up to 10 funds. Please make sure that the percentages add up to 100%.

Global Cash Fund	%
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Multi Asset Portfolio Fund 2	%
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Multi Asset Portfolio Fund 3	%
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Multi Asset Portfolio Fund 4	%
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Multi Asset Portfolio Fund 5	%
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Multi Asset Portfolio Fund 6	%
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Strategic Asset Return Fund	%
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Protected Consensus Markets Fund	%
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Self-Invested Fund	%
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[illegible]

Please also complete  
a separate Investment  
Instruction Form.

Please read your Fund Guide for a full list of the funds available.

The risk level and volatility rating of a fund can change from time to time. Please visit our website [www.irishlife.ie/myonlineservices](http://www.irishlife.ie/myonlineservices) to see the most up-to-date fund information.

Lifestyling Strategies are not available if you invest in the Self-Invested Fund or a property fund.

**If you wish to avail of a Lifestyling Strategy, please complete:**

*Irish Life offers 3 Lifestyling Strategies below which gradually moves your chosen fund(s) into specific funds over the term of your plan. A detailed description of each strategy is given in your product booklet. You should ensure you are happy with the risk level of each fund in these strategies.*

- I am funding for an ARF at retirement through the ARF Lifestyling Strategy ☐
- I am funding for an Annuity at retirement through the Annuity Lifestyling Strategy ☐
- I am funding for an ARF at retirement through the ARF Investment Lifestyling Strategy ☐

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## 8. Your Plan Communications

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/myonlineservices](http://www.irishlife.ie/myonlineservices) ☐ By paper post ☐

Your plan communications will be securely stored in your personal online account at [www.irishlife.ie](http://www.irishlife.ie).  
You will be notified by text and email when communications are added to your account.  
If you do not choose an option we will assume you want to receive communications by paper post.

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## Complete Solutions Personal Pension - Declarations and Consents

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

Financial Adviser

Proposal Number

Client Name

**If you submit this proposal electronically 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 Financial Adviser.

Ref. Plan Number

Please complete this section by ticking the appropriate box:

Yes, this plan is replacing an Irish Life, Canada 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

(Client 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 client 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

X

Date

#### Declaration of Client

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



Please sign and date

Signature of Client

X

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 the Irish Life Group or the Great-West Lifeco Group, and to any person to whom the plan may be assigned. This may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area.

We will use the 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.

### Delegated Authority to Complete Online Application (if applicable)

I authorise my Financial Adviser to complete the online application form on my behalf based on the information that has been provided in this application form. I understand and acknowledge that in giving this authorisation the Application Form will only be retained by my Financial Adviser and will not be passed to Irish Life.

I acknowledge that a printed record of the application will be sent to me and agree to notify Irish Life if

- I do not receive the record
- Any information in this record is, false, incorrect or incomplete ☐ tick here

## C. Client Declaration to Irish Life

I declare that all the answers to all the questions in this application form (online or otherwise) are in every respect true and correct. I hereby agree that the contract proposed with Irish Life Assurance plc will be based on this application form (online or otherwise) and declaration. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997.

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



Please sign and date

Client Signature

X

Date

dd / mm / yyyy



## D. 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 ☐

