



Irish Life Over 50s Life Insurance Application Form

Please complete this form in BLOCK CAPITALS
and in black ink

For office use only

Seller code:

1. Personal details (this information should be based on the person to be covered)

Gender: Male ☐ Female ☐ Country of birth:

Title: Mr ☐ Mrs ☐ Ms ☐ Country of residence:

First Name:

Last Name:

Date of birth: dd / mm / yyyy Age:

Phone number Home: Work: Mobile:

Your Home Address:

Your E-mail Address:

Will the owner of this plan (proposer) be different from the life covered? Yes ☐ No ☐

If the plan owner (proposer) is not the person to be covered please complete the following:

Plan owner name:

Last Name:

Date of birth: dd / mm / yyyy If company - company name:

Address of plan owner:

Relationship to life covered:

Reason for cover if relationship not husband and wife:

Funeral expenses ☐ Outstanding loans on death ☐ Taxation on death ☐ Other

Is the plan to be written in trust? Yes ☐ No ☐

If yes, please complete the appropriate trust form. A plan cannot be written in trust if the proposer is different to the life assured

2. Your regular payments (please see the benefits table provided in the Over 50s Life Insurance booklet)

Please tick the box beside the monthly payment you want to make

€15 ☐ €20 ☐ €30 ☐ €45 ☐ €55 ☐ Other

If yes, please complete the appropriate trust form. A plan cannot be written in trust if the proposer is different to the life assured

3. 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 adviser.

Declaration of customer

All customers should tick the relevant box and sign the customer declaration below

No, the policy is not a replacement policy ☐ Yes, the policy is a replacement policy ☐

Existing Policy Number

Your policy will not automatically be cancelled. Please notify your provider if this is required.

Customer Declaration (Customer to sign as indicated X)

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

Signature of Customer

(plan owner)

Date

Signature of life covered

Date

DECLARATION OF INSURER OR INTERMEDIARY

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

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.

Name of insurer or insurance intermediary

Date

4. Declaration

This form is my application for cover under Irish Life's Over 50s Life Insurance plan conditions.

I understand that my contract(s) with Irish Life Assurance plc (Irish Life) will be based on this declaration and my application form.

I have read over my replies to all the questions in this application form and declare that all details are correct.

I have read and understand the exclusions that apply to the accidental death benefit.

I confirm that I have specified the level of payment I wish to make for this plan. I have read and understand all the information supplied. I understand that as I have not had to disclose any medical information on this plan that the cost of this cover is higher to reflect this.

I understand that cover shall not commence until all of the following events have taken place:

- (i) this application for cover has been accepted by Irish Life,
- (ii) the first premium has been charged to my account.

I authorise Irish Life Assurance plc (Irish Life) 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. Irish Life may hold and process this information for administrative, customer care and service purposes. I agree that my personal data can be disclosed for the above purposes and to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to reinsurers, to health professionals, to any persons with whom the company has a contract as a service provider, to other insurance companies to other companies in the Company's group and to any person to whom the policy may be assigned.

Signature of Customer

Date

Signature of life covered

Date



5. 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

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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 ☐

SEPA Direct Debit Mandate on reverse

