



Irish Life



# Company Pension

## Customer Application Booklet

Product Selection

Please select which product(s) you require:    Complete Solutions Company 1 ☐    Complete Solutions Company 2 ☐

Employee and Employer Data Consents

**EMPLOYER & EMPLOYEE**

I declare that I consent to Irish Life Assurance plc (the Company):

A. Processing and holding (on computer or otherwise) all information disclosed by me, or on my behalf or in conjunction with any applications made by me (or subsequently), including sensitive personal data (being medical records) and/or financial details for the purposes of underwriting, issuing and administering all aspects of this contract.

B. Disclosing this data 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 employer

Date  /  /

Duly authorised to sign on behalf of the employer, as trustee where relevant

Signature of employee

Date  /  /

**EMPLOYEE (To be completed if pension product is provided through an Irish Life Financial Adviser or tied agent)**

I confirm that having undertaken a full financial review with my financial adviser, I am satisfied with the recommendations made (which are based on the information which I provided and I am satisfied with the agreed actions) ☐

OR

I confirm that I have been offered a full financial review and that I have declined this offer. In declining this offer I confirm that I have not received any advice in relation to this transaction. I have familiarised myself with this product and I confirm that I requested that the plan be arrange with Irish Life Assurance plc. ☐

Signature of employee

Date  /  /

Previous Pension Details – Employee (This section must be completed)

	Defined benefit Company scheme	Defined Contribution Company scheme	Personal Pension/PRSA (including self-employed)	AVC/PRSA AVC
Pension - current employment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pension - previous employment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Normal retirement age	<input type="text"/>	<input type="text"/>		
Current Value		€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Members pension payable at NRA	€ <input type="text"/>			
Tax Free Lump Sum (if in addition to above)	€ <input type="text"/>			
Spouses pension % above	<input type="text"/> %			
Date of leaving service (if applicable)	<input type="text"/> / <input type="text"/> / <input type="text"/>			
Death benefit (if current employment)	<input type="text"/>			
<b>If current employment - please confirm</b>				
Total Employer contributions paid per annum	€ <input type="text"/>	€ <input type="text"/>		
Total Employee, AVC, PRSA AVC contributions paid per annum	€ <input type="text"/>	€ <input type="text"/>		€ <input type="text"/>
Date present employment commenced	<input type="text"/> / <input type="text"/> / <input type="text"/>			
<b>If previous employment - please confirm</b>				
Scheme name	<input type="text"/> (If Defined Benefit/Defined Contribution)			
Name of Life Office	<input type="text"/> (If Personal Pension/PRSA/PRSA AVC)			

**Revenue Information**

What is the employee's basic annual salary assessable for Schedule E income tax per annum?    €

Does the employee alone, or together with his or her spouse and/or minor children, directly or indirectly own or control more than 20% of the voting rights of the employer?    Yes ☐ No ☐

## Employee Personal Details (please complete in BLOCK CAPITALS)

First name	<input type="text"/>	Last name	<input type="text"/>
Proposal Number:	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Financial Adviser	<input type="text"/>	Code	<input type="text"/>

## Declaration to Irish Life (must be completed in all cases where the employer is the trustee or where an independent trustee has been appointed)

I declare that all the answers to the above questions are in every respect true and correct. I hereby agree that the contract proposed with Irish Life Assurance plc (Irish Life) will be based on the declarations, consents and Letter of Exchange in this booklet (including this declaration), together with all terms and conditions furnished by Irish Life. I declare I know of no material fact other than those stated, being a fact concerning circumstances which may influence the assessment and acceptance of an application by Irish Life.

I understand that failure to disclose all material facts could render the contract void. I understand that if I am in doubt as to whether any facts are material I should disclose them.

I understand that the product(s) are conditional on the approval of the arrangement by the Revenue Commissioners as an exempt approved scheme under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997.

I acknowledge and I understand and accept that the contract to which this application form and declaration applies is between Irish Life and the parties named on the Letter of Exchange that established this scheme. I confirm that the contract effected in pursuance of this application will be held by the Trustee under irrevocable trust for the purpose of providing retirement and other relevant benefits as defined by Chapter 1, Part 30 of the Taxes Consolidation Act 1997 to or in respect of the employee as set out in the Rules of the Scheme. Irish Life will act on either my (the employer's), the member's or the trustee's instructions in accordance with the Plan's Terms and Conditions.

I consent to Irish Life and the trustee processing and holding (on computer or otherwise) all information disclosed by me or on my behalf on this application (or in any supplementary documents) including financial details for the purposes of issuing and administering all aspects of this contract. I consent to Irish Life and the trustee disclosing the data for the above purposes and to persons necessary in connection with the above purposes, to regulatory authorities, or, as required by law to any persons with whom the company has a contract as a service provider, to other insurance companies or to other companies in the Company's Group.

S59 of Part VI of the Pensions Act, 1990 as amended, requires that a registered administrator is appointed and I understand that Irish Life are appointed to act as such for this Scheme. By accepting this application, Irish Life agrees to act in accordance with this role (outlined in S64G of Part VIA of the Act). I agree that either Irish Life or the trustee can choose to terminate this appointment by giving at least 90 days written notice to the other party. This 90 day notice period may only be reduced where both parties agree to it, or if required by legislation.

If the employer named on the Letter of Exchange is also appointed as Trustee I acknowledge that I as the trustee am responsible for ensuring that the employee (member) has been/ will be provided with all information required by relevant pension's legislation and all information necessary to enable him/her to exercise any discretion allowed under the Scheme Rules in relation to investment choice.

Signature

X

Duly authorised to sign for and on behalf of the Employer

Date

/   /

## Business Replacement (All Irish Life Financial Advisers and tied agents are required to complete this section)

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

## Letter of Exchange

By completing the Letter of Exchange the employer sets the Pension Scheme up in trust for the employee.

Between  ("the Employer")

And  ("the Employee") Date  /  /

Trustee appointment: Employer ☒ Or Other (select other trustee below if appropriate) ☐

\*Independent Trustee Services \* ☐ DTS Dedicated Trustee Services Ltd \* ☐

\*Notification of this appointment will be issued after the Plan commences. Until notified, the employer will act as trustee. If you do not select 'Other', the employer will be trustee.

### Dear Employee

The Employer has decided to offer you the advantages of an Irish Life Pension Plan being any one or more of the following (hereinafter called "the Plan").

- Complete Solutions 1
- Complete Solutions 2

The Plan commences on the date of this letter ("the commencing date"), and is governed by this letter and the Rules of the Scheme ("the Rules"), a copy of which you will receive.

The Employer establishes the Plan under irrevocable trusts to be administered in accordance with the Rules. This retirement benefits scheme is capable of being treated by the Revenue Commissioners as an exempt approved scheme in accordance with Chapter 1 of Part 30 of the Taxes Consolidation Act 1997 to provide you, the employee, with the relevant benefits as defined therein.

The Plan is an occupational pension scheme and a defined contribution scheme within the meaning of the Pensions Act 1990 and this letter and the Rules shall be construed subject to the provisions of the said Act.

The Scheme is established as a one member arrangement within the meaning of the Occupational Pension Schemes (Investment) Regulations 2006 to 2010 and the Occupational Pension Schemes (Disclosure of Information) Regulations 2006. While you have discretion to give instructions as to the investment of scheme resources in accordance with the Rules, the Life Office is not responsible for any instructions you give to the Employer or the Trustee which are not received by the Life Office.

The Plan benefits will be provided by means of an assurance or assurances, under a policy or policies to be issued by Irish Life Assurance plc ("the life office") in pursuance of the Application to which this letter is attached and of any subsequent supplementary applications made to the life office ("the Applications").

The employer hereby appoints the trustee named above as trustee of the Plan. The trustee will own the policy or policies issued by the Life Office in relation to the Scheme.

The contributions payable towards the assurance or assurances will be contributions made by you (including Additional Voluntary Contributions) and/or the Employer in accordance with the Applications subject always to the Rules.

Please acknowledge receipt of this letter by signing below and returning it to the employer.

Signature of person duly authorised to sign for and on behalf of the Employer.

Printed name of authorised person (BLOCK CAPITALS)

Status

Signed (Employee)

## Direct Debit Instruction



Irish Life



### Instruction to your Bank to pay Direct Debits

Originators Identification No.(OIN)  3  0  3  5  8  7

Please complete parts 1 to 4 to instruct your Bank to make payments directly from your account. Then return the form to:-  
Irish Life, Lower Abbey Street, Dublin 1.

Originators Reference (Max 18 chars)

#### 1 Please write the name & full address of your bank & branch

Bank

Branch

#### 2 Name of account holder

#### 3 Sort Code

Account Number

#### 4 Your instructions to the Bank, and your Signature

- I instruct and authorise you to pay Direct Debits from my account at the request of Irish Life plc.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also so notify Irish Life plc of such cancellation.
- Irish Life Assurance plc may add these direct debits to any other direct debit amounts which are payable within the same calendar month and for which I have signed direct debit forms.

#### 5 Direct Debit Collection Date:

Every month ☐

Every 3 months ☐

Every 6 months ☐

Every year ☐

Signature (s)

Date

We cannot accept instructions to charge direct debits to a deposit or savings account.

#### The Direct Debit Guarantee

- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then:
  - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account.
  - Your Bank will accept and pay such debits, provided that your account has sufficient available funds.
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed an immediate refund by your Bank of the amount so charged where you notify your bank without undue delay on becoming aware of the unauthorised Direct Debit, and in any event no later than 13 months after the date of debiting of such Direct Debit to your account.
- You are entitled to request a refund of any Variable Direct Debit the amount of which exceeded what you could have reasonably expected, subject to requesting your Bank within a period of 8 weeks from the date of debiting of such Direct Debit to your account.
- You can instruct your Bank to refuse a Direct Debit payment by writing in good time to your Bank.
- You can cancel the Direct Debit Instruction in good time by writing to your Bank.

# Important information

## Notes on the online application

### Proof of member's age

We require evidence of age in all cases.

### Personal Public Service Number (PPSN)

We require the member's Personal Public Service Number (PPSN) as part of the approval process with the Revenue Commissioners.

### Automatic increase of contributions

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

### Fund restrictions

Transfers out of the Capital Protection Fund may have a Market Value Adjustment applied. This would not be applied if you retire on the plan maturity date or in certain other circumstances. More information is available from your financial adviser.

### Letter of exchange

By completing the Letter of Exchange the employer sets the pension scheme up in trust for the employee.

### Employer contributions

The employer must always contribute part or all of the payment.

### Maximum contributions

Maximum contributions by the member to the member's main scheme at work and AVC arrangements as a percentage of gross earnings.

Under 30:	15%
30 to 39:	20%
40 to 49:	25%
50 to 54:	30%
55 to 59:	35%
Age 60 and over	40%

### Payment by cheque

You may only pay by cheque where the payment is being made annually and the annual payment exceeds €3,000. Lump sum payments must be paid by cheque. Cheques should be made payable to Irish Life Assurance plc.

### Previous Pension Details - Employee

#### Defined Benefit

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

#### Defined Contribution

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

### Self-Invested Fund (Complete Solutions plans only)

An application to invest in the Complete Solutions Self-Invested Fund cannot be processed on-line. You must complete a paper application form, Self-Invested Declaration and other relevant forms.



# Irish Life

## Contact us:

Write to us: Lower Abbey Street, Dublin 1, Ireland

Phone us: 01 704 1404

Fax us: 01 704 1900

Website: [www.irishlife.ie](http://www.irishlife.ie)

Email us: [customerservice@irishlife.ie](mailto:customerservice@irishlife.ie)

In the interest of customer service we will record and monitor calls.

Irish Life Assurance plc is regulated by the Central Bank of Ireland. Irish Life Assurance plc, registered in Ireland number 152576, VAT number 9F55923G.