



# PINNACLE

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 1-5 can be used for data capture with pages 7-9 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 7-9. If you submit the proposal electronically and we receive the full application, we will return the data capture section unchecked.

## 1. Plan Owner Details (as applicable)

### 1(a). Personal Plan Owner 1

Title (Mr/Mrs/Ms etc)

First Name

Initial

Last Name

Date of Birth

Age Next Birthday

Gender

Male ☐

Female ☐

Country of Birth

Nationality

Precise Occupation

PPS Number

Are you resident in the U.S. for tax purposes or are you a U.S. citizen?

Yes ☐ No ☐

If yes, then please provide Taxpayer Identification Number

Address 1\*

Address 2

Address 3

County

Home Number

Mobile Number

Email Address

*\*If you choose to receive plan communications by paper post, the address of the 1st plan owner will be used for this purpose.*

### 1(b). Personal Plan Owner 2

Title (Mr/Mrs/Ms etc)

First Name

Initial

Last Name

Date of Birth

Age Next Birthday

Gender

Male ☐

Female ☐

Country of Birth

Nationality

Precise Occupation

PPS Number

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

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

Are you resident in the U.S. for tax purposes or are you a U.S. citizen? Yes ☐ No ☐

If yes, then please provide Taxpayer Identification Number

Address 1

Address 2

Address 3

County

Home Number

Mobile Number

Email Address

### 1(c). Controlling Interest other than Personal Plan Owner

Are you taking out this plan on your own behalf? Yes ☐ No ☐

If not, please fill in the following details:

Name of other party

Relationship or connection to you

Are any of the Controlling Persons of this entity resident for tax purposes in the U.S. or are they a U.S. citizen? Yes ☐ No ☐

### 1(d). Irish Life Trust

Is this plan issued in Trust with Irish Life? Yes ☐ No ☐

If yes, has the appropriate Irish Life Trust form been completed? Yes ☐ No ☐

If yes, please provide the following details:

Date of Deed

Title of Appointer (Mr/Mrs/Ms etc)

First Name of Appointer

Last Name of Appointer

Address 1

Address 2

Address 3

County

Contact Number

Are they resident in the U.S. for tax purposes or are they a U.S. citizen? Yes ☐ No ☐

If yes, then please provide their Taxpayer Identification Number

### 1(e). Company Plan Owner

Registered Name

Trading Name (if any)

What Type of Company/Entity is this

Tax Number

Address 1

Address 2

Address 3

County

Contact Number

Email Address

Does not apply where the company is a Registered Irish Pension Fund or Registered Irish Charity.

Is the entity resident in the U.S. for tax purposes? Yes ☐ No ☐

Where answered 'Yes', if the company is a non financial institution then please provide Taxpayer Identification Number

Where answered 'Yes', if the company is a financial institution then please state your GIIN number if available

[illegible]

### 1(f). Other Plan Owner Type (Trust/Charity etc)

Are you resident in the U.S. for tax purposes or are you a U.S. citizen? Yes ☐ No ☐

If yes, then please provide Taxpayer Identification Number

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## 2(a). Life Assured 1

## 2(b). Life Assured 2

Title (Mr/Mrs/Ms etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Male <input type="radio"/>	Female <input type="radio"/>	Age Next Birthday	<input type="text"/>
Address 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is this person resident in the U.S. for tax purposes or are they a U.S. citizen?				
Yes <input type="radio"/> No <input type="radio"/>				
If yes, then please provide Taxpayer Identification Number				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. Payment Details

#### 3(a). Regular Payments

How much do you wish to invest ?

€

Government Levy Amount

€

Total Amount

€

Payment Start Date

dd / mm / yyyy

Payment Collection Date (1st to 28th only)

dd

Payment Frequency

every month

☐

every three months

☐

every six months

☐

every year

☐

Do you wish to index your payments?

Yes

☐

No

☐

If you index your payments, they will increase each year in line with inflation (minimum of 5%).

#### Source of Funds Details for Regular Payments\*

Please give details of account drawn from:

Customer (Debtor) Name

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

\*Please also complete SEPA Direct Debit Mandate

**Note:** A lump sum can not be accepted without regular contributions being made. Please attach a cheque if making a single lump sum payment.

#### 3(b). Single Lump Sum Payment - Optional

Single Payment Amount (minimum €650.00)

€

Is this amount inclusive of the Government Levy?

Yes

☐

No

☐

Total Amount

€

#### Source of Funds Details for Single Lump Sum Payment (if different from the above)

Personal cheque from plan owner(s) bank account

Yes

☐

No

☐

Encashment /Maturity proceeds of existing Irish Life plan

Yes

☐

No

☐

Please give details of account drawn from (if different from above):

Customer (Debtor) Name

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

Please give details of existing Irish Life plan:

#### 3(c). Source of Wealth Details (to be completed for Single Lump Sum Payment only)

Salary, bonus or regular savings

Yes

☐

No

☐

Proceeds from maturity / encashment of plan with another life company

Yes

☐

No

☐

Early retirement or redundancy payment

Yes

☐

No

☐

Inheritance

Yes

☐

No

☐

Proceeds from the sale of investments or other assets

Yes

☐

No

☐

Windfall / compensation payments

Yes

☐

No

☐

Proceeds from maturity / encashment of Irish Life plan

Yes

☐

No

☐

Other (please specify):

## 4. Fund Details

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

Global Cash Fund	<input type="text"/>	%
Multi Asset Portfolio Fund 2	<input type="text"/>	%
Multi Asset Portfolio Fund 3	<input type="text"/>	%
Multi Asset Portfolio Fund 4	<input type="text"/>	%
Multi Asset Portfolio Fund 5	<input type="text"/>	%
Multi Asset Portfolio Fund 6	<input type="text"/>	%
Strategic Asset Return Fund	<input type="text"/>	%
Protected Consensus Markets Fund	<input type="text"/>	%

### Other Funds

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

## 5. Fund Switch Authority

If your plan is jointly owned, please tick this box to allow either owner the authority to switch funds ☐

Please refer to relevant Fund Guide for the full range of funds available on this plan.

## 6. Your Plan Communications

How would you like to receive your planned communications from us? (Welcome packs, letters and regular statements)

Please tick one option:

Online ☐ By paper post ☐

Your plan communication 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 (using the contact details provided under section 1)

If you do not choose an option we will assume you want to receive communications by paper post which will be sent to the first Plan Owner's address.

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.





# PINNACLE - DECLARATIONS AND CONSENTS

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

Financial Adviser Name

Proposal Number

Name of Applicant (Proposer / Plan owner) 1

Name of Applicant (Proposer / Plan owner) 2

## Important Information

**If you submit this proposal electronically you should only send us this section.**

If you and your Financial Adviser have chosen to use this form for Data Capture to later complete an online application to Irish Life, you should only send us this Declaration section. The Data Capture section will be retained by your Financial Adviser and not passed to Irish Life. The Declarations section of this form and the information recorded in your online application will constitute your application to Irish Life.

**Note:** In this declaration words referring to the singular also include the plural as applicable (e.g. "I" includes "we" and "me" includes "us").

## 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, 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,

Customer's name

Address

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 Financial Adviser  Date

Please sign and date

### Declaration of Client:

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



Signature of Proposer 1

Please sign and date

Date



Signature of Proposer 2 (where applicable)

Please sign and date (where applicable)

Date

**Please note:** If you are signing on behalf of a company you should precede your signature with "for and on behalf of the company name".

## B. Data Consents

I consent to Irish Life Assurance plc:

- A Processing and holding (online or otherwise) all information disclosed by me, or on my behalf, including personal data for the purposes of processing my application, issuing and administering all aspects of the plan, customer care and services purposes.
- 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.

I understand I have the right to access, update and rectify my personal details by writing to the customer service team at Irish Life, Irish Life Centre, Lower Abbey Street, Dublin 1.

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## C. Declaration

I acknowledge and understand that my investment will not begin until Irish Life Assurance plc has received and accepted a fully completed application form (online or otherwise), any other documentation or information requested and the first plan payment.

I understand that if I have used the application form for Data Capture in order for the application to be later completed online, that the information captured (in pages 1 to 5) will be retained by my Financial Adviser and not passed to Irish Life. I acknowledge that a printed record of the online application will be sent to me and agree to notify Irish Life, in writing, if:

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

I confirm I have read and understood the contents of the application, plan booklet, terms and conditions and customer information notice. I understand that this declaration together with the other declarations and consents I have given in this application is my application and will form the basis of any contract accepted by Irish Life Assurance plc. I understand and agree that my contract with Irish Life Assurance plc will be based on:

- The declarations and consents in this application
- All personal details given by me, and which will be recorded and sent to me on my Plan Schedule
- The plan terms and conditions
- Payment by me of the agreed premium(s)

If I have answered 'no' to the FATCA questions in this application then by signing this form I confirm that there are no US citizens or residents in the US for tax purposes connected with this plan.



Please sign and date

Signature Plan Owner 1

X

Date

dd / mm / yyyy



Please sign and date

Signature Plan Owner 2

X

Date

dd / mm / yyyy

Please note: If you are signing on behalf of a company you should precede your signature with "for and on behalf of company name".

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## 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:

\* Customer (Debtor) Name

Customer (Debtor) Address

\* Customer (Debtor) Bank Identifier Code (BIC)

\* IBAN

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 ☐







Information is correct as of 01/07/2014 and is subject to change.

