Regular and Single Premium Top Up Form

For the most efficient application of funds to your plan, please ensure all relevant sections of this form are fully completed before submitting to our offices. Funds will only be applied and invested with effect from the date of receipt of all requirements. It is important to ensure that all information is provided from the outset. Financial Adviser Details Financial Adviser name Financial Adviser code Commission Profile Plan Owner Details Customer Name Plan Number Address Single Premium Top Up Details Proposed Top Up Amount **Employer Contribution** % € **Employee Contribution** % € or **AVC** Contribution Annual Salary (for company pensions only) **Increase Regular Premiums** Monthly Quarterly Half-yearly Yearly Frequency Next Direct Debit Date Effective date of increase Old Premium **New Premium Employer Contribution** € € **Employee Contribution** € € **AVC** Contribution € € **Total Contribution** € Regular Premiums will automatically be invested in the current fund choice unless we are advised otherwise.

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

Company Pensions:

Company Pension

arrangements may require a maximum

funding check. If so,

further information may be requested

before contirbutions can be invested.

Single Premium contributions to

Self Invested Fund:

If contributions are to be invested in the Self Invested Fund, Irish Life will require a completed Investment Instruction Form

Note: If a lifestyling investment strategy is in operation on a plan, we will automatically invest funds in line with the chosen strategy.

I wish to invest the above outlined contribution in my current, existing fund choice

Or I wish to invest the above outlined contribution in the following fund choices:

or I wish to live at the above outlined contribution in the following fund		
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	0/	

Please note that fund choice is in respect of the top up amount only.

Any change to the customers current investment holding will require a separate instruction.

Source of Wealth - Personal Investment Bond Only

To comply with the current Anti Money Laundering and Terrorist Financing legislation, Irish Life Assurance plc is required to ask you about the original source of your wealth in respect of this application. Please tick the relevant box(es) and indicate the source of your investment amount.

It is assumed that personal identification and proof of address have been supplied at proposal stage. If your address has changed within the last 6 months, please provide updated proof of address

 Salary, bonus or regular savir Early retirement or redundan Proceeds from the sale of inv Proceeds from the maturity/e 	cy payment O	6. Inheritance		
Proceeds from the maturity/6 with another life assurance co	encashment of a plan			
Source of Funds - Person Personal cheque from proposer(s) ba		Bank Draft EFT)	
Please give details of account o				
Name of Bank Address of Bank				
Debtor Bank Identifier Code (BI	C)			
IBAN				
Please give details Client Declaration to Irish I declare that the answers to all intended investment in this contri	Life the questions in this application ract. I hereby authorise Irish Life to the policy terms and conditions	apply the additional contr	ibution to the above policy as	
Client Signature	X			
Date				
I declare that the answers to all intended investment in this conti	the questions in this application ract. I hereby authorise Irish Life to witht he policy conditions and agre	form are in every respect to apply the additional contr	ribution to the above policy as	
Date				

Note: Where ITS or DTS have been appointed as independent trustees, we will accept the top up instruction from the member. In such cases, the above client declaration only, should be completed.



Please sign and date

Please sign and date