

Personal Pension

Customer Application Booklet



Irish Life

Product Selection

Please select which products you require:

Complete Solutions Personal 1 ☐ Complete Solutions Personal 2 ☐ Personal Pension Term Assurance ☐

Customer Data Consents

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

Data Protection Consents:

- 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 the plan.
- B.** Disclosing my personal 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.

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

- C.** 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 arranged with Irish Life Assurance plc. ☐

Signature

Date / /

Personal Details (please complete in BLOCK CAPITALS)

First name: Last name:

Proposer number: Date of Birth: / /

Financial Adviser Code

Declaration

I declare that all the answers to all the questions in this application form are in every respect true and correct. I hereby agree that the contract proposed between me and Irish Life Assurance plc will be based on the declarations, consents in this booklet (including this declaration), the online application 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 this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 2 of Part 30 of the Taxes Consolidation Act 1997.

Signature

Date / /

Declaration under regulation 6(3) of the Life Assurance (Provision of Information) Regulation 2001
(To be completed in all cases)

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 intermediary.

Please complete this section by ticking the appropriate box:

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

Ref. Policy Number

Declaration of Insurer or Intermediary

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

(Client name and address)

(the client) 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.

Signed: _____ Date: ____/____/____

Name of Insurer or Insurance Intermediary

Declaration of Client

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

Signed: _____ Date: ____/____/____

Direct Debit Mandate

Note: If you want to pay premiums through your bank or building society account you must fill in and sign this form.
Instructions cannot be accepted to charge direct debits to a deposit or savings account.

Name of bank/ building society

Address of bank/ building society

[illegible]

Name of account to be debited

I instruct you to pay direct debits from my account at the request of Irish Life Assurance plc. 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. I will inform the bank in writing if I wish to cancel this instruction. I understand that if any direct debit is paid which breaks the terms of this instruction, the Bank will make a refund.

First Signature

Second Signature

Date

/ /

For completion by Irish Life

Due dates on / /

Originators ID no.

3	0	3	5	8	7
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and, following the first payment

Originators reference

(Policy no.)

every month every 3 months

(Reference)

every 6 months every year

(Reference)



Irish Life

Declaration applying to medical questions (To be completed if Standalone Pension Term Assurance is chosen)

I understand that this declaration, together with the other declarations and consents made by me in this booklet and in my application form (a copy of which will be sent to me shortly and which is based on the information given by me to Irish Life) is my application for cover under Irish Life's normal conditions.

I understand and agree that my contract with Irish Life Assurance plc (Irish Life) will be based on the declarations and consents in this booklet, my application form completed (online or otherwise), any supplementary questions answered, any statements made to Irish Life's underwriting team in response to any phone calls received, any information I give to a medical examiner acting for Irish Life and all terms and conditions furnished to me by Irish Life.

I have read and understand the important information concerning my obligation to tell Irish Life about all material facts in connection with the application (Online application process and telling Irish Life about material facts) in this booklet and I understand that if I do not tell Irish Life all material facts, this contract could be void. If this happens, there will be no cover under the policy and we will not refund your premiums. In these circumstances, we will not pay a claim.

I declare that all statements recorded in answer to the questions in my application form (online or otherwise) including those about tobacco consumption (together with any statements written down for me) are true and complete. I understand that I will receive a copy of the application form questions and my answers for my own records.

I understand that I must tell Irish Life in writing about any changes in my health or circumstances before this plan starts. I understand that this plan will not start until Irish Life has accepted me for cover and I have paid the first payment.

I consent to Irish Life obtaining information from or sharing information with

- any doctor who at any time has attended me concerning anything which affects my physical or mental health,
- any health professional for the purpose of processing my application or
- any insurance company where I may have applied.

I authorise Irish Life to access and receive this information. I agree that this authority will stay in force after my death.

- I understand that if this application is turned down by Irish Life or accept it under special terms; they will note this on a registry administered by the Irish Insurance Federation even if my application does not result in a plan being issued. I agree that Irish Life may access this registry, seek and obtain any medical information held by other companies and share its information with other companies as a protection against not being given material facts. I agree that this information (including any medical data) can be held for six years.

Signature

Date

 / / 

Important information

Notes on the online application

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.

Eligibility

Your self-employment, employment or occupation must be liable to tax under schedule D or E in the Republic of Ireland.

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.

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 made by cheque. Cheques should be made payable to Irish Life Assurance plc.

Inflation Protection (Personal pension term assurance)

If you select this option, your cover will increase by 5% each year and your contribution will increase by 8% each year to reflect the increase in cover.

Guaranteed Life Cover Again (Personal pension term assurance)

At any time up to the end of the term you have the option to convert to another life cover plan. The exact definition is available in the plan document.

Self-Invested Fund (Complete Solutions Personal Pension 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.



Important – Application process and telling Irish Life about material facts

Please remember that you must tell us everything relevant when answering all of the questions on the application form. If you do not, or if any of the answers to these questions are not true and complete, we could treat the plan as void. This includes disclosing tobacco consumption. If failure to reveal all facts occurs there will be no cover under the plan and we will not refund the payments.

In these circumstances we will not pay a claim. A material fact (relevant information) includes anything that a reputable insurer would treat as likely to influence the assessment and acceptance of an application for insurance. If you are not sure whether something is relevant, you should tell us anyway. If there is anything not covered by the questions on this form that you think we should know, please tell us in the section 'Other medical evidence'. We may also contact you by telephone if we need to ask you for further information on your answers to the health questions or as part of any subsequent claim investigation. If we phone you these calls will be recorded. We will rely on what you tell us and you must not assume that we will automatically clarify or confirm any information you provide. You can provide any highly confidential information directly to Irish Life's Chief Medical Officer in a sealed envelope with your name, date of birth and application number (if applicable) and give this to your financial adviser. In these circumstances you must refer to this information when answering your health questions.

You should not tell us about any genetic test (that is, any analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals) which you may have had.

You must however, tell us if you are having treatment for or experiencing symptoms of a genetic condition. You will also be asked to give us full information about your family history, including all genetic conditions.

If your health changes before cover starts, you must let us know immediately, as failure to do this may result in a claim being refused.

Irish Life

a Lower Abbey Street
Dublin 1 Ireland

t 01 704 2000

f 01 704 1900

w www.irishlife.ie

e customerservice@irishlife.ie

In the interest of customer service we will record and monitor calls. Irish Life Assurance plc is regulated by the Financial Regulator. Irish Life Assurance plc, Registered in Ireland number 152576, Vat number 9F55923G