

Remember! The Plain English Campaign Crystal Mark does not apply to the Application form as the wording here cannot be changed for legal reasons.



Irish Life

## Signature Saver Application form

Please read each question carefully before you answer it. Use CAPITAL LETTERS throughout.

Financial adviser details <input type="text"/>			
Region	Manager	Adviser code	LARC registration no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(if this applies)			

### Your details

Your name in full (surname first)

Gender Male ☐ Female ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Date of birth  /  /

Proposer

**Note:** The proposer is the person who owns this Signature Saver plan.  
Only fill in these details if the proposer is different from 'you'.

Second investor's name in full

Gender Male ☐ Female ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Date of birth  /  /

Phone number Daytime  Evening

Home address

**Note** We cannot accept a 'care of' address.

Email address

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

### Investment details

Payment (at least €250 a month) €250 ☐ €500 ☐ €1,000 ☐

Other

Will you pay: every month? ☐ every three months? ☐

every six month? ☐ every 12 months? ☐

Lump sum (at least €650)

### Indexing your payments

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

To index your payments, please tick this box. ☐

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

Amount to invest €

Protected Consensus Markets Fund	€ <input type="text"/>	Other Funds	
Core Fund	€ <input type="text"/>	<input type="text"/>	€ <input type="text"/>
Consensus Fund	€ <input type="text"/>	<input type="text"/>	€ <input type="text"/>
Global Cash Fund	€ <input type="text"/>	<input type="text"/>	€ <input type="text"/>
Indexed Euro Short Dated Bond Fund	€ <input type="text"/>	<input type="text"/>	€ <input type="text"/>
Indexed Euro Corporate Bond Fund	€ <input type="text"/>	<input type="text"/>	€ <input type="text"/>
Active Managed Fund	€ <input type="text"/>	<input type="text"/>	€ <input type="text"/>
Bloxham High Yield Fund	€ <input type="text"/>	<input type="text"/>	€ <input type="text"/>
Indexed Commodities Fund	€ <input type="text"/>	<input type="text"/>	€ <input type="text"/>
Indexed World Equities Fund	€ <input type="text"/>	<input type="text"/>	€ <input type="text"/>
UK Property Fund	€ <input type="text"/>	<input type="text"/>	€ <input type="text"/>
Fidelity EMEA Fund	€ <input type="text"/>	<input type="text"/>	€ <input type="text"/>
Fidelity India China Fund	€ <input type="text"/>	<input type="text"/>	€ <input type="text"/>

**Data protection:** (Only to be filled in if the product is taken out by an Irish Life Financial Adviser or tied agent). We will use the information you give here to send you details on other products from the companies within the Irish Life & Permanent Group (a financial services group mainly made up of life assurance, banking and personal-finance companies). For this purpose, we may pass this information to the other companies within the group. If you do not want to receive this kind of direct marketing information, please tick this box.

☐

You can stop using this service at any time in the future (even if you do not tick this box) by simply writing to the Marketing Department, Irish Life, Lower Abbey Street, Dublin 1.

### Source of Funds

Personal cheque from proposer(s) bank account ☐ Cash ☐ 3rd Party Cheque ☐  
 Direct Debit from proposer(s) bank account ☐ EFT ☐ 3rd Party Direct Debit ☐  
 Bank Draft ☐

Please give details of account drawn from

Name and address of bank:   
 Account holders name:   
 Account holders number:

**Or**

Encashment/Maturity proceeds of existing policy ☐  
 Other (eg Employer's Payroll scheme, Postal or Money order etc) ☐

Please give details

### Source of Wealth

To comply with the current Anti Moneylaundering 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.

#### Source of Wealth

Please tick as appropriate

1. Salary, bonus or regular savings ☐
2. Early retirement or redundancy payment ☐
3. Proceeds from the sale of investments (including proceeds from Life assurance plan) or other assets ☐
4. Inheritance ☐
5. Windfall/compensation payments ☐
6. Other (give details) ☐

## 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 that 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 intermediary.

Reference Plan number:

Please fill in this section by ticking the appropriate box:

Yes, this plan is replacing an Irish 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 or Intermediary:** I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001,

Client's name

Address

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 plan with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of seller

Date

for

(name of Intermediary or Insurer)

### Declaration of Client:

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

Signature

Date

Signature (joint investor)

Date

## Declaration

(If this is a joint application, please both read and sign the declaration below)

I/we acknowledge and agree that my/our investment will not begin until Irish Life Assurance plc. has received and accepted a fully completed application form, any other documentation or information requested and until it has received the investment proceeds.

I authorise Irish Life Assurance plc (ILA) 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 ILA separately.

ILA may hold and process this information for administrative, customer care and services purposes.

I understand that I can ask for a copy of the application.

Signature

Signature (joint investor)

Signature of the proposer (if different)

Date

### Office use only

SSAV

DAA

Plan number

% take-up

initial

% take-up
initial

## Direct debit

To the manager of  
bank or building society

Address of bank or building society

Account number

Sorting code

Name of account the money is to be taken from

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 tell the bank in writing if I want to cancel this instruction. I understand that if any direct debit d which breaks the terms of this instruction, the bank will make a refund.

Signature

Joint signature

Date

### For our use only

Originator's identification number

Originator's reference

(Plan number)

(Reference)

Irish Life, Lower Abbey Street,  
Dublin 1.

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

### For office use only

Plan number

Due dates on

and following the first payment: every month ☐ every three months ☐ every six months ☐ every 12 months ☐