



Complete Solutions Company Pension Plan

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application.

1. Financial Adviser Details

Financial Adviser Name

Financial Adviser Code

Please note that this form can be used for full paper applications or pages 1-4 can be used for data capture with pages 5-10 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 5-10. If you submit the proposal electronically and we receive the full application, we will return the data capture section unchecked.

2. Product Selection

Please tick which product you require:

Complete Solutions Company 1 or Complete Solutions Company 1 Bond

☐

Or

Complete Solutions Company 2 or Complete Solutions Company Bond

☐

3. Profile Number

Regular Contribution

Lump Sum

4. Personal Details (Employee)

Title (Mr/Mrs/Ms etc)

First Name

Initial (if applicable)

Last Name

Date of Birth

Age Next Birthday

Gender

Male

☐

Female

☐

Relationship Status

Single

☐

Married

☐

Registered Civil Partner

☐

Separated

☐

Divorced

☐

Widowed

☐

Country of Birth

Country of Nationality

Previous Last Name (if any)

Precise Occupation

Annual Salary

PPS Number

Are you a one man company?

Yes

☐

No

☐

If this section is left blank this will delay us processing your application

We are obliged to establish country of nationality to comply with anti-money laundering requirements

Current salary/earnings assessable under schedule E income tax (PAYE)

PPS number should contain 7 digits and 1 or 2 letters

9. Payment Details (if paying regular contributions by direct debit)

Direct Debit

☐

Debtor Bank Identifier Code (BIC)

IBAN

(Account Number)

Name of Account holder to be debited

10. Lump Sum

Employer Lump Sum Amount

€

Employee Lump Sum Amount

€

Additional Voluntary Contribution

€

Total Investment Amount

€

11. Fund Details

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

	Regular Contribution	Lump Sum Contribution
Global Cash Fund	<input type="text"/> %	<input type="text"/> %
Multi Asset Portfolio Fund 2	<input type="text"/> %	<input type="text"/> %
Multi Asset Portfolio Fund 3	<input type="text"/> %	<input type="text"/> %
Multi Asset Portfolio Fund 4	<input type="text"/> %	<input type="text"/> %
Multi Asset Portfolio Fund 5	<input type="text"/> %	<input type="text"/> %
Multi Asset Portfolio Fund 6	<input type="text"/> %	<input type="text"/> %
Strategic Asset Return Fund	<input type="text"/> %	<input type="text"/> %
Protected Consensus Markets Fund	<input type="text"/> %	<input type="text"/> %
Self-Invested Fund	<input type="text"/> N/A	<input type="text"/> %

Other Funds - Regular Contribution

<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"/> %

Other Funds - Lump Sum Contribution

<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"/> %

Lifestyling Strategies are not available if you invest in the Self-Invested Fund or a property fund.

If you wish to avail of a Lifestyling Strategy, please choose **ONE** of the following options:

Irish Life offers 3 Lifestyling Strategies below which gradually moves your chosen fund(s) into specific funds over the term of your plan. A detailed description of each strategy is given in your product booklet. You should ensure you are happy with the risk level of each fund in these strategies.

I am funding for an Annuity at retirement through the Annuity Lifestyling Strategy

☐

I am funding for an ARF at retirement through the ARF Income Lifestyling Strategy

☐

I am funding for an ARF at retirement through the ARF Investment Lifestyling Strategy

☐

Payment must be made by cheque from the Company's account. If there are any exceptions to this please contact us.

Please refer to your guide to your Self-Invested Fund booklet for the minimum amount required to invest in a Self-Invested Fund. Please also complete a separate Investment Instruction Form.

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 to see the most up-to-date fund information.

12. Your Plan Communication

How would you like to receive your plan communication from us? (for example, your welcome pack, letters and regular statements)

Please tick one option:

Online at www.irishlife.ie/myonlineservices.ie ☐

By paper post ☐

If you do not choose an option we will assume you want to receive communications by paper post.

Do you want the original plan schedule to be sent to your financial adviser (not applicable if company pension is taken out through an Irish Life financial adviser or tied agent)?

Yes ☐

No ☐

You will be notified by text and email when communications are added to your account.

Your plan communications will be securely stored in your personal online account at www.irishlife.ie/myonlineservices

Self Invested Fund trade confirmations are only available online.

13. Business Replacement (only to be completed if company pension is taken out through an Irish Life Financial Adviser or tied agent)

Does this plan 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, Irish Life, Canada Life, Progressive Life plan ☐

Yes, plan from other Company ☐

No ☐

If Yes please provide Plan Number

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Please note that mobile number AND email address MUST be provided if you wish to receive online communications (see section 5)

To be completed by Financial Adviser, if applicable.



Complete Solutions Company Pension - Declarations and Consents

IT IS IMPORTANT THAT YOU FILL IN THESE DETAILS as we need this information to match the declaration section to your electronic application.

Financial Adviser	<input type="text"/>
Proposal Number	<input type="text"/>
Employee Name	<input type="text"/>

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

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. Letter of Exchange

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

Between	<input type="text"/>	
	<input type="text"/>	("the employer")
And	<input type="text"/>	
	<input type="text"/>	("the employee")
Date	<input type="text"/>	

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 Complete Solutions Company Pension Plan (*hereinafter called "the Plan"*).

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 to 2013. 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 and receive all information on the policy or policies issued by the Life Office in relation to the Scheme. The employer and employee consent to the trustee processing and holding this information for the purposes of issuing and administering all aspects of this contract, including disclosing the data to regulatory authorities, or, as required by law.

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.



Please Sign Here

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

X

Name of authorised person

Position in company

I acknowledge receipt of this letter and understand the contents hereof. I hereby agree to be included in the scheme.



Please Sign Here

Signed **EMPLOYEE**

X

B. Revenue Details

Details are required as part of the approval process with the Revenue Commissioners. If there is insufficient space below please attach additional details on a separate sheet.

Does the employee have any pension benefits from current or previous employments
(this information must also be provided where retirement benefits have already been taken)?

Yes ☐

No ☐

If NO, please go to section C.

If Yes, please complete the rest of this section.

1. Does the employee have Defined Contribution company scheme pension benefits from current or previous employments?

Yes - Current employment ☐

Yes - Previous employment ☐

No ☐

If Yes to either provide details:

Normal retirement age

Current value

(Including AVC / PRSA AVC values)

€

If current employment

Total employer contributions

€

per annum

Total employee contributions

€

per annum

Name of Life Office

If previous employment

Scheme Name

Name of Life Office

2. Does the employee have Personal Pension/PRSA (including self-employed) pension benefits from current or previous employments?

Yes ☐

No ☐

If Yes provide details

Current value

€

Name of Life Office

Yes - Current employment ☐ Yes - Previous employment ☐ No ☐

Normal retirement age	Employee pension payable at NRA	Retirement lump sum (if in addition to pension at NRA)	Spouses pension % / Registered civil partners pension %
<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/>

Death benefit	€
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[illegible]

dd / mm / yyyy

[illegible][illegible]

Yes ☐ No ☐

dd / **mm** / **yyyy**

C. Delegated authority to enter this application online (not applicable if your company pension is taken out through an Irish Life Financial Adviser or tied agent)

I authorise my Financial Advisers to complete the online application on my behalf based on the information that has been provided in this application form. I understand and acknowledge that in giving this authorisation the data capture section of this application will be retained by my Financial Advisers and will not be passed to Irish Life.

I acknowledge that a record of the application will be sent to me and agree to notify Irish Life should

- I not receive the record
- Any information in this record be, false, incorrect or incomplete

D. Data Consent

I consent to Irish Life Assurance plc:

- 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.
- Disclosing my personal data to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, and to other companies in the Irish Life Group or the Great-West Lifeco Group. This may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area.

You have the right to access, update and rectify your personal details by writing to the Customer Service Team at Irish Life, Lower Abbey Street, Dublin 1.

E. Employee Declaration To Irish Life

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 that I have been provided with the necessary information to make an informed investment decision. I am happy with the investment choice made on this application form (or supplied through any additional documents linked to this application).



Please sign and date

Signature

X

Employee

Date

dd / mm / yyyy

F. Employer 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 employee's or the trustee's instructions in accordance with the Plan's Terms and Conditions.

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

Please sign and date

X

Duly authorised to sign for and on behalf of the Employer, and as Trustee if relevant

Date

dd / mm / yyyy



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:

* Debtor Name

Debtor Address

* Debtor Bank Identifier Code (BIC)

* IBAN

(Account Number)

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)

X

* Date of signing

dd / mm / yyyy

X

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 ☐

