

Signature.

Application form

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

Financial adviser details

Region

Manager

Adviser code

LARC registration no.

(where applicable)



Irish Life

Your details

Your name in full (surname first)

Mr

Mrs

Ms

Miss

Date of birth

/ /

Occupation

Proposer

Second investor's name in full

Mr

Mrs

Ms

Miss

Date of birth

/ /

Occupation

Phone no.

Daytime

Evening

Home address

Email address

Note

The proposer is the person who owns Signature. Only fill in these details if the proposer is different from 'you'.

Note

We cannot accept a "care of" address.

Investment details

Amount to invest

€

General indexed funds

Consensus

€

Global equity

€

Ethical global equity

€

Cash

€

Special indexed funds

North American equity

€

UK

€

Ireland

€

Europe

€

Telecommunications

€

Pacific

€

European gilts

€

Japan

€

Commodities

€

Banks

€

Technology

€

Note

You must invest at least €20,000.

Active managed funds

Irish Life

Irish Life Active Managed	€ <input type="text"/>
Irish Life Diversified Assets	€ <input type="text"/>
Irish Life Global Opportunities	€ <input type="text"/>
Irish Life Long Bond	€ <input type="text"/>
Irish Life Property Portfolio	€ <input type="text"/>
Irish Life UK Property	€ <input type="text"/>

Bloxham

Bloxham High Yield	€ <input type="text"/>
Bloxham Contrarian	€ <input type="text"/>
Bloxham Intrinsic Value	€ <input type="text"/>
Logic	€ <input type="text"/>

PI Investments

International Shares	€ <input type="text"/>
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Fidelity

Fidelity Global Property Shares	€ <input type="text"/>
Fidelity European Opportunities	€ <input type="text"/>
Fidelity Global Special Situations	€ <input type="text"/>
Fidelity India China	€ <input type="text"/>
Fidelity Managed International	€ <input type="text"/>

Automatic regular income

Only fill in the following if you want an automatic income.

We can only pay a monthly income into a bank account.

Amount € each year or % each year

Income paid every months

Please say which bank or building society you want us to pay the income to.

I give you the permission to pay each installment of income, as it becomes due, to the following bank or building society.

Bank name

Address

Account name

Sort code

Name of account

Note

You can take an Income every month, three months, six months or 12 months. You may take a gross income (before tax) of between 4% and 8% each year. There is a maximum of 4% income each year before tax on the Property Portfolio and UK Property Funds. If the fund grows on average at a lower rate, it may reduce your original investment. The smallest amount of income you can take is €150 every payment.

Declaration under regulation 6(3) of the Life Assurance (Provision of Information) Regulations 2001.

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 that 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.

Reference Policy No.

Please complete this section by ticking the appropriate box:

This policy does not replace an existing policy ☐

This policy does replace an existing policy ☐

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 policy with this policy 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

Table numbers

SIGBSAA

Initial

Renewal

SIGBLAA

Policy No.

% take-up

initial