



Complete Solutions Personal Pension

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

Financial Adviser Name

Financial Adviser Code

Please note that this form can be used for full paper applications or pages 1-3 can be used for data capture with pages 5-7 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 5-7. If you submit the proposal electronically and we receive the full application, we will return the data capture section unchecked.

1. Profile Number

Regular Premium

Lump Sum

2. Product Selection

Please tick which product you require:

Complete Solutions Personal 1 or Complete Solutions Personal 1 Bond

☐

Or

Complete Solutions Personal 2 or Complete Solutions Personal Bond

☐

3. Eligibility

- Are you self-employed or a partner acting in some trade, profession or occupation? Yes ☐ No ☐
Your self-employment, employment or occupation must be liable to tax under schedule D (case I or II) or E in the Republic of Ireland.
- Are you an employed person or the holder of an office of employment? Yes ☐ No ☐
If Yes, is one or more of your occupations non pensionable? Yes ☐ No ☐
- Are you an Irish resident for tax purposes? Yes ☐ No ☐
- Please give the plan numbers of any existing retirement contracts with this company

4. Personal Details

First Name

Initial (if applicable)

Surname

Previous Surname (if any)

Home Address

Date of Birth

Age Next Birthday

Gender

Male ☐

Female ☐

Title (Mr/Mrs/Ms etc)

Relationship Status

Single ☐

Married ☐

Registered Civil Partner ☐

Separated ☐

Divorced ☐

Widowed ☐

Country of Nationality

Occupation

Email Address (if applicable)

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

[illegible][illegible]

Must be between the age of 60 and 75

If regular contributions are being made please complete the following details

dd / mm / yyyy

annually ○

C

Cheque 

--	--

(by cheque only)

(by cheque only)

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

%

%

%

%

%

%

%

%

%

%

%

%

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%

%

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%

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.

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 complete:

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

8. Your Plan Communications

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 ☐ By paper post ☐

Your plan communications will be securely stored in your personal online account at www.irishlife.ie.
You will be notified by text and email when communications are added to your account.
If you do not choose an option we will assume you want to receive communications by paper post.



Complete Solutions Personal Pension - Declarations and Consents

We need this information to match the declaration section to your electronic application

Financial Adviser

Proposal Number

Client Name

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

A. 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 you are aware of the financial consequences of replacing your existing plan. If you are in doubt about this, please contact your insurer or Financial Adviser.

Ref. Plan Number

Please complete this section by ticking the appropriate box:

Yes, this plan is replacing an Irish Life, Canada 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/Financial Adviser

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

(Client name and address)

has been provided with the information specified in Schedule 1 (Customer Information Notice) 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.



Please sign and date

Signature of Financial Adviser

Date

Declaration of Client

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



Please sign and date

Signature of Client

Date

B. Data Consents

I consent to Irish Life Assurance plc (Irish Life)

- A. Processing and holding (online or otherwise) all information disclosed by me, or on my behalf, including personal data for the purposes of issuing and administering all aspects of the plan.
- B. Disclosing my personal data to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to other companies in the Irish Life Group or the Great-West Lifeco Group, and to any person to whom the plan may be assigned. This may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area.

We will use the information you give here to process your application (online or otherwise). 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.

Delegated Authority to Complete Online Application (if applicable)

I authorise my Financial Adviser to complete the online application form 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 Application Form will only be retained by my Financial Adviser and will not be passed to Irish Life.

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

- I do not receive the record
- Any information in this record is, false, incorrect or incomplete ☐ tick here

C. Client Declaration to Irish Life

I declare that all the answers to all the questions in this application form (online or otherwise) are in every respect true and correct. I hereby agree that the contract proposed with Irish Life Assurance plc will be based on this application form (online or otherwise) and declaration. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997.

I confirm that I have read and understood all the above declarations.



Please sign and date

Client Signature

X

Date

dd / mm / yyyy

D. Direct Debit Mandate

Instruction to your Bank to pay Direct Debits



Irish Life

Originators Identification No.(OIN)

Please complete parts 1 to 4 to instruct your Bank to make payments directly from your account. Then return the form to:-
Irish Life, Lower Abbey Street, Dublin 1.

Originators Reference (Max 18 chars)

1. Please write the name & full address of your bank & branch

Bank

Branch

2. Name of account holder

3. Sort Code

 - -

Account Number

4. Your instructions to the Bank, and your Signature

- I instruct and authorise you to pay Direct Debits from my account at the request of Irish Life plc.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also so notify Irish Life plc of such cancellation.

The Direct Debit Guarantee

- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then:
 - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account.
 - Your Bank will accept and pay such debits, provided that your account has sufficient available funds.
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed an immediate refund by your Bank of the amount so charged where you notify your bank without undue delay on becoming aware of the unauthorised Direct Debit, and in any event no later than 13 months after the date of debiting of such Direct Debit to your account.
- You are entitled to request a refund of any Variable Direct Debit the amount of which exceeded what you could have reasonably expected, subject to requesting your Bank within a period of 8 weeks from the date of debiting of such Direct Debit to your account.
- You can instruct your Bank to refuse a Direct Debit payment by writing in good time to your Bank.
- You can cancel the Direct Debit Instruction in good time by writing to your Bank.



Client Signature

X

Please sign and date

Date

