



Irish Life

Company Pension Life Cover

Customer Application Booklet

Employee and Employer Data Consents

EMPLOYER & EMPLOYEE

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

- 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 this contract.
- B. Disclosing this 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.

Signature of employer Date / /

Duly authorised to sign on behalf of the employer, as trustee where relevant

Signature of employee Date / /

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

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 of employee Date / /

Previous Pension Details – Employee (This section must be completed)

	Defined benefit Company scheme	Defined Contribution Company scheme	Personal Pension/PRSA (including self-employed)	AVC/PRSA AVC
Pension - current employment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pension - previous employment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Normal retirement age	<input type="text"/>	<input type="text"/>		
Current Value		€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Members pension payable at NRA	€ <input type="text"/>			
Tax Free Lump Sum (if in addition to above)	€ <input type="text"/>			
Spouses pension % above	<input type="text"/> %			
Date of leaving service (if applicable)	<input type="text"/> / <input type="text"/> / <input type="text"/>			
Death benefit (if current employment)				
If current employment - please confirm				
Total Employer contributions paid per annum	€ <input type="text"/>	€ <input type="text"/>		
Total Employee, AVC, PRSA AVC contributions paid per annum	€ <input type="text"/>	€ <input type="text"/>		€ <input type="text"/>
Date present employment commenced	<input type="text"/> / <input type="text"/> / <input type="text"/>			

If previous employment - please confirm

Scheme name	(If Defined Benefit/Defined Contribution) <input type="text"/>
Name of Life Office	(If Personal Pension/PRSA/PRSA AVC) <input type="text"/>

Revenue Information

What is the employee's basic annual salary assessable for Schedule E income tax per annum? €

Does the employee alone, or together with his or her spouse and/or minor children, directly or indirectly own or control more than 20% of the voting rights of the employer? Yes ☐ No ☐

Employee Personal Details (please complete in BLOCK CAPITALS)

First name	<input type="text"/>	Last name	<input type="text"/>
Proposal Number:	<input type="text"/>	Date of Birth	<input type="text" value="dd"/> / <input type="text" value="mm"/> / <input type="text" value="yyyy"/>
Financial Adviser	<input type="text"/>	Code	<input type="text"/>

Employer Declaration

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 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 member's or the trustee's instructions in accordance with the Plan's Terms and Conditions.

I consent to Irish Life and the trustee processing and holding (on computer or otherwise) all information disclosed by me or on my behalf on this application (or in any supplementary documents) including financial details for the purposes of issuing and administering all aspects of this contract. I consent to Irish Life and the trustee disclosing the data for the above purposes and to persons necessary in connection with the above purposes, to regulatory authorities, or, as required by law to any persons with whom the company has a contract as a service provider, to other insurance companies or to other companies in the Company's Group.

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	<input type="text" value="X"/>	Date	<input type="text" value="dd"/> / <input type="text" value="mm"/> / <input type="text" value="yyyy"/>
Duly authorised to sign for and on behalf of the Employer			

Declaration applying to medical questions (To be completed if life cover, contribution cover or 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 my online 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 online application form, any supplementary questions answered, any statements made to Irish Life's underwriting team in response to any phone calls received and 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 note 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 the booklet and understand that if I do not tell Irish Life all material facts, this contract could be void. I declare that all statements recorded in answer to the questions in my online application form as well as those about tobacco consumption (including any statements written down for me) are true and complete. I understand that I will receive a copy of the online application form questions and my answers for my own records. I understand that I must tell Irish Life about any changes in my health or circumstances before this insurance starts. I understand that this insurance will not start until Irish Life has accepted me for cover and I have paid the first contribution.

I consent to Irish Life obtaining information from any doctor who at any time has attended me concerning anything which affects my physical or mental health and I authorise them to give Irish Life this information. Irish Life may also get information from any insurance company and I also authorise them to give Irish Life this information. I agree that this authority will stay in force after my death as well as before.

I understand that if Irish Life turns down an application for insurance or accepts it under special terms, Irish Life will note this on a registry administered by the Irish Insurance Federation even if your application does not result in a plan being issued, Irish Life may share this information with other companies as a protection against not being given material facts and I agree that this information (including any medical data) can be held for six years by Irish Life.

Signature of employee	<input type="text" value="X"/>	Date	<input type="text" value="dd"/> / <input type="text" value="mm"/> / <input type="text" value="yyyy"/>
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Business Replacement (All Irish Life Financial Advisers and tied agents are required to complete this section)

Does this proposal 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 ☐ No ☐

If this is answered YES, please complete a Business Replacement Summary Form

Letter of Exchange By completing the Letter of Exchange the employer sets the Pension Scheme up in trust for the employee.

Between

("the Employer")

And

("the Employee")

Date

Dear Employee

The Employer has decided to offer you the advantages of an Irish Life Company Pension Life Cover 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 and the Occupational Pension Schemes (Disclosure of Information) Regulations 2006. 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 declares itself as trustee of the scheme and will own the policy or policies issued by the Life Office in relation to the Scheme.

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.

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

Printed name of authorised person (BLOCK CAPITALS)

Status

Signed (Employee)



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)

* Date of signing / /

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 ☐

Important information

Important – Online 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 AIB 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 between the time you apply for cover and the date your application is accepted, you must let us know immediately, as failure to do this may result in a claim being refused.

If for whatever reason there is more than a 6 month delay between the time your application is accepted and the date your plan starts (is issued), and your health has changed then you must also let us know immediately.

Important information

Proof of member's age

We require evidence of age in all cases.

Personal Public Service Number (PPSN)

We require the member's Personal Public Service Number (PPSN) as part of the approval process with the Revenue Commissioners.

Letter of exchange

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

Employer contributions

The employer must always contribute part or all of the payment.

Maximum contributions

Maximum contributions by the member to the member's main scheme at work and AVC arrangements as a percentage of gross earnings.

Under 30:	15%
30 to 39:	20%
40 to 49:	25%
50 to 54:	30%
55 to 59:	35%
Age 60 and over	40%

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

Previous Pension Details - Employee

Defined Benefit

A defined benefit scheme provides a guaranteed pension at retirement e.g. 2/3rds final salary.

Defined Contribution

The pension from a defined contribution scheme depends on the size of the accumulated fund at retirement.



Irish Life

Contact us:

Write to us: Lower Abbey Street, Dublin 1, Ireland

Phone us: 01 704 1404

Fax us: 01 704 1900

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Email us: customerservice@irishlife.ie

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

In the interest of customer service we will record and monitor calls. Irish Life Assurance plc, registered in Ireland number 152576, VAT number 9F55923G.