This form is used to capture information relating to your application that your financial adviser will transfer onto Irish Life's electronic system. This form is used in conjunction with Irish Life's Customer Application Booklet and will be retained by your financial adviser.

Irish Life

Data Capture Form

Product Selection

Life Mortgage Cover ☐ Life Term Cover ☐

Income Protector: Personal ☐ Company ☐ Life Long Cover * ☐ **BLOCK** Life Mortgage Cover ☐ Life Term Cover ☐

*If you are using Life Long Cover for Inheritance planning - please use the Life long cover (Section 72) Inheritance planning application form with accompanying trust forms INSTEAD of this application form

Personal Details

First person to be covered	**Second person to be covered**
Title	Title
Name	Name
Date of birth / /	Date of birth / /
Gender Male ☐ Female ☐	Gender Male ☐ Female ☐
Relationship Status	Relationship Status
Address (we cannot accept a 'care of' address)	Address (we cannot accept a 'care of' address)
Country of birth	Country of birth
Previous surname (if any)	Previous surname (if any)
Precise occupation	Precise occupation
Current level of earnings €	Current level of earnings €
Contact phone no home	Contact phone no home
mobile	mobile
work	work
Email address	Email address

Have you smoked tobacco of any kind in the past twelve months or do you intend to smoke in the future? YES ☐ NO ☐
(This includes even occasional tobacco consumption)

Policy Owner Details (if different to person to be covered)

Policy owners name: Personal or Business name

Personal policy owners DOB / /

Insurable interest /reason for cover

Address of policy owner / business

Trust Information (if written in trust)

Type of trust **Flexible** ☐ **Shareholders** ☐ **Partners** ☐

Appointer's name

Appointer's date of birth / /

Address of appointer

Alteration Authority

Assuming the plan owner is not different from the persons covered, and the plan is not to be assigned or written in trust, please confirm who can authorise transactions: All plan owners only ☐ Any one plan owner ☐ First person covered ☐ Second person covered ☐

Note: This authority does not apply if you are reducing your benefits, or cancelling/cashing in your plan/claiming a benefit.

Further information

Is this application in connection with a mortgage? YES ☐ NO ☐

If YES, is the cover amount less than or equal to the mortgage amount? YES ☐ NO ☐

Is the policy to be assigned immediately on issue to the lender? YES ☐ NO ☐

Would you like the original policy schedule to be sent to the agent? YES ☐ NO ☐

Product details

Term of cover ☐ years (The maximum term for cover is 40 years and the expiry age for Specified Illness Cover is age 75.)

	First person	**Second person**
Life Cover		
Specified Illness Cover		

Note: On Life Mortgage Cover if a customer chooses life and SIC cover, the amount of SIC cover can be any amount up to but not exceeding the amount of life cover.

Only Accelerated SIC is available on Life Mortgage Cover. Standalone, Accelerated and Independent SIC are available on Life Term cover.

☐ Standalone ☐ Accelerated ☐ Independent ☐ Standalone ☐ Accelerated ☐ Independent

Please indicate the rate at which you want your cover to run down (for Life Mortgage Cover only): 6% 8%

Important note: Your life cover on this plan will reduce at the rate above indicated by you, on a monthly basis, in line with how the outstanding capital balance on a mortgage reduces.

Hospital Cash Cover (Life Term Cover only)		
Occupation class	A ☐ B ☐	A ☐ B ☐
Accident Cover (Life Term Cover only)		
Occupation class	X ☐ Y ☐	X ☐ Y ☐

Note: Independent Specified Illness and Hospital Cash Cover and Accident Cover applies to Life Term Cover only

Guaranteed Cover Again YES ☐ NO ☐

Inflation Protection YES ☐ NO ☐

Is the cover to start immediately YES ☐ NO ☐

Note: Guaranteed Cover Again applies to Life Term Cover plans only. You can only take out Guaranteed Cover Again if you are under 60. Guaranteed Cover Again is subject to a maximum of €5M on Life Cover and €1M on Specified Illness Cover. These limits are per life and apply to Life Term Cover only. Guaranteed Cover Again does not apply to Hospital Cash Cover or Accident Cash Cover. You must have a minimum of €25,000 Life Cover to obtain Accident Cash Cover and Hospital Cash Cover. Inflation protection applies to Life Term Cover (non block) only.

Life Long Cover (guaranteed whole of life)

This plan gives you life cover for your whole life. It never generates a cash value.

Cover Type (please tick one box below and specify amount of cover)	**Amount of cover €**		
	First person	**Second person**	**Both lives**
Single ☐	€		
Dual ☐	€	€	
Joint life 1st death ☐			€
Joint life last survivor ☐			€

Do you want Inflation Protection (indexation)? Yes ☐ No ☐

Income Protector

Incapacity Benefit required * ☐ a year

This will be paid after 13 ☐ 26 ☐ or 52 ☐ weeks of continuous incapacity

Please tick the appropriate box to indicate whether you want the Guaranteed ☐ or Reviewable ☐ Income Protector option

The cover will continue until you reach age: 55 ☐ 60 ☐ or 65 ☐

Rate of increase of cover in claim (escalation)# 0% ☐ or 5% ☐ a year

Do you want inflation protection (indexation)# YES ☐ NO ☐

Is this a Company Provided Income Protector plan? YES ☐ NO ☐

If yes, do you want Pension Payment Protection?** YES ☐ ☐ a year

Irish Life/Irish Progressive policy number ☐

Occupation rates at which we work out premiums*** 1 ☐ 2 ☐ 3 ☐ 4 ☐

Are you entitled to State Disability Benefit?**** YES ☐ NO ☐

Do you currently have existing Income Protection with Irish Life/Irish Progressive or any other Life Office? YES ☐ NO ☐

If yes, name the company ☐

Amount of existing cover ☐

* The overall maximum amount of cover we will provide is €250,000 per year. ** Pension Payment Protection is only available for company paid income protection plans, and is limited to premiums on an Irish Life contract. *** Please consult Ask Underwriting for a list of acceptable occupations and occupation classes. **** The maximum Income Protector Cover we provide at outset is 75% of your earnings, less any state disability entitlements and any existing disability insurance. # Please refer to the product booklet for full explanations of the terms indexation and escalation.

Payment details

3rd party bank account YES ☐ NO ☐

On what date in the month are debits to be collected _____ of each month (1 - 28)

Bank Sort Code _____ A/C Number _____

Name of account _____

Other Information

Is this Business Replacement ? YES ☐ NO ☐ Do you want Information on other IL&P products YES ☐ NO ☐

Health questions for protection cases

	First person to be covered	Second person to be covered
1 Please give the name and address of your doctor.		
If you have changed doctor in the last year, please give the name and address of your previous doctor as well.		
2 Are you currently proposing for life assurance or critical illness cover with this or any other life office? If yes, please complete	Amount Type of cover Offices proposed to	Amount Type of cover Offices proposed to
3 Height and Weight.	feet inches	feet inches
	stone pounds	stone pounds
or alternatively	cms kgs	cms kgs
4 Have you smoked tobacco of any kind in the past 12 months or do you intend to smoke in the future (including occasional smoking)?	YES ☐ NO ☐	YES ☐ NO ☐
Tobacco consumption (all types of tobacco) per day		

It is our practice to carry out occasional tests to confirm smoker status.

Note – Not revealing tobacco consumption on this application form could result in a potential claim being refused

5 Alcohol consumption (total number of units) per week	units per week	units per week

Unit Guide: Pint of Beer - 2.0 units, Bottle of Beer - 1.5 units, Glass of Beer - 1.0 units, Measure of Spirits - 1.0 units, Bottle of Wine - 7.0 units, Glass of Wine - 1.0 units.

If you answer 'YES' to any question please give details (including name of condition, dates and medication) in the section entitled "Other Medical Information" on the next page.

6 Have you ever suffered from or had treatment for

(a)	heart disorder, stroke, rheumatic fever, high blood pressure or blood disorder?		
(b)	asthma, bronchitis or another lung disorder?		
(c)	multiple sclerosis, numbness, epilepsy, blackouts, paralysis or double vision?		
(d)	kidney or bladder disorder?		
(e)	diabetes or a stomach, liver or bowel disorder?		
(f)	cancer or any other growth or tumour?		
(g)	a mental or nervous disorder?		
(h)	slipped disc, back, arthritic or muscular disorder?		
(i)	disorder of the eyes or ears (other than wearing prescribed glasses or contact lenses)?		
(j)	any other illness, injury or condition for which you have had medical advice in the last five years?		

7 Have you had a surgical operation in the last five years?

8 Have you in the last five years had or been advised to have any special investigations, blood or laboratory tests?

9 Are you currently taking prescribed drugs, medicines, tablets or other treatment?

This particular question should be only answered for LIFE TERM COVER plans with ACCIDENT COVER or INCOME PROTECTION proposals.

10 Have you ever been unable to work for more than four weeks at a time?
If yes, please say when, how long you were off and what was wrong with you

YES ☐ NO ☐ YES ☐ NO ☐

11 Are you currently unwell or receiving medical treatment of any kind, which you have not mentioned in the answers given above?

12 Have you ever taken drugs for other than medical purposes?

13 Have you ever tested positively for HIV or AIDS, Hepatitis B or Hepatitis C or are you waiting for the result of this kind of test? If YES, please supply details.

14 Have you any intention or prospect of taking part in any kind of dangerous activity as a result of your hobbies or pastimes? If YES, please supply names of hobbies and details.

15 Have you any future intention of living or travelling outside of the EU, North America, Australia or New Zealand, other than for holidays or have you lived outside these areas in the past for longer than 12 months? If YES, please supply names of countries, reasons for visits and duration of stays.

16 Have you ever applied to Irish Life or any other insurer and been refused, postponed or accepted on special terms for life cover, disability or illness cover?

17 Have your parents or any of your brothers or sisters suffered from or died from any of the following conditions before age 60?

If you are adopted please answer "No" to this question.

• Heart disease • Cancer (bowel, breast, ovarian or other) • Diabetes • Cardiomyopathy• Polycystic kidney disease • Stroke • Polyposis of the colon
• Multiple sclerosis • Motor neurone disease • Huntington's disease • Other hereditary disorder before age 60

Please note that failure to disclose a family history could result in a potential claim being refused

YES ☐ NO ☐ YES ☐ NO ☐

		Condition suffered	Age when it started
If living	Father		
	Mother		
	Brothers		
	Sisters		
If dead	Father		
	Mother		
	Brothers		
	Sisters		

N.B. If a relative had cancer. please state which part of the body affected.

Relevant for Income Protection cases only:

18 Do any of the following form an essential part of your work?

a manual work YES ☐ NO ☐ % of time at Manual work ____ %

b Driving YES ☐ NO ☐

% of time Driving ____ % Average weekly business driving ____ kms

c Using Machinery or tools YES ☐ NO ☐ % of time using machinery or tools ____ %

d working at heights YES ☐ NO ☐

% of time working at heights ____ % What is the average height you work at? ____ metres

e Do you work more than 50 hours in an average working week? YES ☐ NO ☐ Number of hours worked in average week ____

19 What is the exact nature of the occupation from which you receive your earnings?
Please provide full details of duties and the percentage of times spent at each duty

20 Have you ever had symptoms of or suffered from any of the following?

(a) stress, anxiety, low mood or depression that has persisted for more than 3 weeks at a time or for which you have sought medical advice or counselling? YES ☐ NO ☐

If YES, please give details of dates, extent of problem and time off work. Consider also completing a Fast Track Underwriting Questionnaire

(b) back trouble, neck pain or joint pains including pain in your hips, knees or shoulders? YES ☐ NO ☐

If YES, please give details of dates, extent of problem and time off work. Consider also completing a Fast Track Underwriting Questionnaire

21 Are you self employed? YES ☐ NO ☐

If yes please say for how long Years ☐ months ☐

22 Have you ever received compensation or made an insurance claim for injury? YES ☐ NO ☐

If yes, please give details

23. Is there a FAST TRACK Underwriting Questionnaire or any other questionnaires accompanying the application form? YES ☐ NO ☐ YES ☐ NO ☐

If YES, please indicate which type of Questionnaire ☐ ☐

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