

# Personal Pension

## Application Form - Brokerage

### 1. Financial Adviser details

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE CAPITAL LETTERS THROUGHOUT.

Financial adviser details

LARC Registration No:

Area

Manager

Code

### 2. Eligibility

1. Are you self-employed or a partner acting in some trade, profession or occupation? Yes ☐ No ☐
2. Are you an employed person or the holder of an office of employment? Yes ☐ No ☐
- If so, is one or more of your occupations non-pensionable? Yes ☐ No ☐
3. Are you an Irish resident for tax purposes? Yes ☐ No ☐
4. Please give policy numbers of any existing retirement contracts with Irish Life

### 3. Personal details

Title (Mr/Mrs/Ms)

First name

Last name

Date of birth  /  /  Age next birthday

Are you ☐ married? ☐ single? ☐ separated? ☐ widowed? ☐ divorced?

Address for correspondence

Country of birth

Precise occupation

Previous surname (if any)

Current yearly earnings €

Contact Phone Numbers

|        | PREFIX               | NUMBER               |
|--------|----------------------|----------------------|
| Home   | <input type="text"/> | <input type="text"/> |
| Mobile | <input type="text"/> | <input type="text"/> |
| Work   | <input type="text"/> | <input type="text"/> |

E-mail address

### 4. New pension plans

Please select which product you require.

- Navigator ☐
- Complete Solutions ☐
- Pension Term Assurance ☐



**Irish Life**

BROKER SERVICES

#### Note

All customers are asked to fill in the eligibility and personal details sections.

#### Note

Your self-employment, employment or occupation must be liable to tax under schedule D or E in the Republic of Ireland.

#### Note

Evidence of age should be submitted with this application

#### Note

Describe your occupation in full

#### Note

You can choose to retire at any stage between the ages of 60 and 75.

## 5. Benefit details

What is your chosen retirement age?

How much life cover do you require? €

Do you want your life cover to:

include your fund (inclusive)? ☐ be in addition to the fund (exclusive)? ☐

We will assume you want your cover to include your current fund unless you indicate otherwise.

Please complete medical questions 1 to 18 in Section 13.

### Contribution Cover

If you are under 55 years old, do you want contribution cover? Yes ☐ No ☐

Do you want your contributions to increase in line with inflation? Yes ☐ No ☐

Do you want to nominate the start date of your pension contributions? Yes ☐ No ☐

## 6. Fund options

### Low Risk

Cash Fund  %

Guaranteed Fund  %

Secure Performance Fund  %

### Medium Risk (Mixed Asset)

Consensus Fund  %

Consensus Lifestyle (tick if applicable) ☐

Irish Life Active Managed Fund  %

### Medium Risk (Property)

Irish Property Fund  %

UK Property Fund  %

Property Portfolio Fund \*  %

### Medium Risk (Fixed Interest)

Pension Protection Fund  %

Fixed Interest Indexed Linked Fund  %

### High Risk (Self Invested) \*

Self-Invested Fund  %

If you are investing in a Self-Invested Fund please complete separate Section 7 below

\* the Property Portfolio Fund and Self Invested Fund are only available on Complete Solutions

### High Risk (Actively Managed Equity)

Irish Life Global Opportunities Fund  %

Bloxham High Yield Fund  %

Bloxham Contrarian Fund  %

Bloxham Intrinsic Value Fund  %

Fidelity International Share Fund  %

Fidelity Portfolio Select Growth Fund  %

Fidelity European Opportunities Fund  %

Fidelity India China Fund  %

PIIM International Share Fund  %

### High Risk (Indexed Equity)

Indexed Global Equity Fund  %

Irish Equity Indexed Fund  %

UK Equity Indexed Fund  %

European Equity Indexed Fund  %

North American Equity Indexed Fund  %

Japanese Equity Indexed Fund  %

Pacific Equity Indexed Fund  %

Ethical Equity Indexed Fund  %

### Other Funds

%

%

#### Note

Under Consensus Lifestyles 100% of your contributions will be invested in the Consensus Fund until 5 years prior to your normal retirement age. Your fund will then be invested in a gradual basis to more secure funds.

#### Note

You must select one or more funds under this contract (maximum of ten). Fund information is available from your broker or financial adviser.

#### Note

Investment in the Secured Performance Fund may be restricted. Transfers out of the Secured Performance Fund or Guaranteed Fund may have a Market Value Adjustment applied. This would not be applied if you retire on the plan maturity date, or in certain other circumstances. More information is available from your financial adviser.

All regular and lump sum contributions will be invested in this way. If you would like regular contributions to be invested as above and lump sum contributions to be invested differently, how would you like lump sums to be invested ?

|        |                        |        |                        |        |                        |        |                        |
|--------|------------------------|--------|------------------------|--------|------------------------|--------|------------------------|
| Fund 1 | <input type="text"/>   | Fund 2 | <input type="text"/>   | Fund 3 | <input type="text"/>   | Fund 4 | <input type="text"/>   |
|        | <input type="text"/> % |        | <input type="text"/> % |        | <input type="text"/> % |        | <input type="text"/> % |

#### Note

The minimum initial investment needed to start a Self-Invested Fund is €50,000

## 7. Additional information if you have chosen the Self-Invested Fund

In order to invest in the following asset types we will need the following additional information :

| Investment Type                                     | Additional Documentation             | Attached ? |                          |    |                          |
|---|--------------------------------------|------------|--------------------------|----|--------------------------|
| Direct Property                                     | Property Assessment Questionnaire    | Yes        | <input type="checkbox"/> | No | <input type="checkbox"/> |
|   | Loan application form (if necessary) | Yes        | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Open Stockbroker Account                            | Investment Instruction Form          | Yes        | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Execution Only stock/share trade                    | Investment Instruction Form          | Yes        | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Open Deposit Account                                | Investment Instruction Form          | Yes        | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Invest in unit trust or other collective investment | Investment Instruction Form          | Yes        | <input type="checkbox"/> | No | <input type="checkbox"/> |

### Self-Invested Fund Declaration.

I confirm that I have received and have read Irish Life's 'Guide to my Self-Invested Fund' and that I understand the information provided therein.

I understand and accept that I am responsible for all investment decisions and transactions which I instruct Irish Life (or parties acting for Irish Life) to add or remove from my Self Invested Fund and that Irish Life will not be responsible in any way for such decisions or transactions. I understand and accept that Irish life will not be liable for the acts, omissions or errors of third parties in relation to my Self Invested Fund.

I understand and accept that the types and levels of risk which may attach to my Self-Invested Fund will vary and could be very significant depending on the investment decisions which I instruct Irish Life to transact on the fund, and that it is my responsibility to ensure that I have sought and obtained any advice required in relation to such investments and to be satisfied as to their suitability for my requirements and my attitude to risk.

I further understand that Irish Life reserves, at its absolute discretion, the right to reject any investment instructions which are received from me and that in so doing Irish Life is not in anyway assessing the suitability of such instructions for me and is acting only to ensure that Irish Life complies with legislative and/or other general administrative or practical limitations which Irish Life applies to such funds.

I understand and accept that the charges and expenses incurred within the Self-Invested Fund are not fixed and can vary depending on the investment instructions which I give to Irish Life and on the 3rd parties which may be required to carry out such instructions.

I understand and accept that the contributions I have instructed to be invested in the Self-Invested Fund will be held initially in a non-interest bearing cash account, which forms part of the Plan, until I have given Irish Life further investment instructions and any additional information required to execute these instructions.

Signature

Date

/ /

## 8. Payment details

Regular contribution amount

€

What date do you want the direct debit to take place (1st to 28th of the month)?

/ /

Frequency of payment:

☐

monthly

☐

quarterly

☐

half-yearly

☐

yearly

Do you want your contributions to increase in line with inflation?

Yes

☐

No

☐

Lump sum contribution amount (by cheque only)

€

Method of payment:

☐

direct debit

☐

cheque/cash (annual payments only)

#### Note

Contributions will increase in line with inflation or a rate set by Irish Life (at present 5% p.a.) whichever is higher.

#### Note

##### Inflation Protection

If you select this option, your cover will increase by 5% each year and your contribution will increase by 8% each year to reflect the increase in cover.

#### Note

##### Guaranteed Cover Again

At any time up to the end of the term, you have the option to convert to another life cover plan. The exact definition is available in the policy document.

## 9. Standalone Personal Pension Term Assurance Table no. 364 (P or Q)

Please specify the amount of cover required and tick as appropriate

Age at which cover should cease

(between 60 and 75) Life cover required

€

Inflation Protection

Yes

☐

No

☐

Guaranteed Life Cover Again

Yes

☐

No

☐

Term assurance contribution

€

How often do you wish to make your contribution?

☐

monthly (direct debit)

other, please specify

What date do you want the direct debit to take place (1st to 28th of the month)?

/ /

Please complete medical questions 1-18 in section 12.

## 10. Data Protection

The information you give here will be used to process your application on computer. We may also use this information to send you details of other products from the companies within the Irish Life & Permanent Group (a financial services group mainly made up of life assurance, banking and personal finance companies). For this purpose, we may pass this information to the other companies within the group. If you do not wish to receive such Direct Marketing information, please tick this box. ☐

## 11. 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 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.

Please complete this section by ticking the appropriate box.

- This plan does not replace an existing plan. ☐ • This plan does replace an existing plan. ☐

Ref. Policy number

### 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 name and 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.

Signed:

Name of Insurer or Insurance Intermediary

Date

### Declaration of Client

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

Signed

(Name of Client)

Date

## 12. Declaration

I declare that all the answers to all the questions in this application form are in every respect true and correct. I hereby agree that the contract proposed between me and Irish Life Assurance plc will be based on this application and declaration. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 2 of Part 30 of the Taxes Consolidation Act 1997.

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 consent to Irish Life Assurance plc disclosing this information to persons necessary in connection with this contract or transactions including regulatory authorities, other companies in the Company's group, other insurance companies or as required by law

Signature

Date

## 13. Medical Questions

For Life Cover, Income Protection or Contribution Cover, please complete the following questions.

1 What is your precise occupation?

2 Does your occupation involve you working at heights of greater than 30 feet, or underground, using explosives or working on an oil rig or at sea? If so, please give full details.

Yes ☐ No ☐

3 a. Please state your home address

b. 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.


4 Please give your height and weight.

|       |        |
|-------|--------|
| feet  | inches |
| stone | pounds |

5 Have you ever suffered from or had treatment for any of the following?

(a) Heart disorder, stroke, rheumatic fever, high blood pressure or blood disorder.

Yes ☐ No ☐

(b) Asthma, bronchitis or another lung disorder.

Yes ☐ No ☐

(c) Multiple sclerosis, numbness, epilepsy, blackouts, paralysis or double vision.

Yes ☐ No ☐

(d) Kidney or bladder disorder.

Yes ☐ No ☐

(e) Diabetes or a stomach, liver or bowel disorder.

Yes ☐ No ☐

(f) Cancer or other growth or tumour.

Yes ☐ No ☐

(g) Mental or nervous disorder.

Yes ☐ No ☐

(h) Slipped disc, back, arthritic or muscular disorder.

Yes ☐ No ☐

(i) Disorder of the eyes or ears (other than wearing prescribed glasses or contact lenses).

Yes ☐ No ☐

(j) Any other illness, injury or condition for which you have had medical advice in the last five years.

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Yes ☐ No ☐

10 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?

Yes ☐ No ☐

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

Yes ☐ No ☐

12 How much tobacco do you smoke, on average, each day?

13 Have you smoked tobacco of any kind in the past 12 months or do you intend to smoke in the future?

Yes ☐ No ☐

14 How much alcohol do you drink each week?

15 Have you any intention or prospect of

(a) living or travelling outside the EU other than for holidays?

Yes ☐ No ☐

(b) taking part in any kind of dangerous activity as a result of your hobbies or pastimes

Yes ☐ No ☐

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?

Yes ☐ No ☐

### Note

Please tick box marked Yes or No as appropriate. If answer is yes please give full details. If further space is required, please complete the Further Medical Evidence section.

### Note

Please complete supplementary medical conditions questionnaire as appropriate.

**Important** - Telling Irish Life about material facts.

Please remember that you must tell us everything relevant in answer to 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, Irish Life could treat the policy as void. If this happens there will be no cover under the policy and we will not refund the premiums. In these circumstances we will not pay a claim. A material fact (relevant information) includes anything which a reputable insurer would regard 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 headed Further Medical Evidence.

You do not need to 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 may also be asked to give us full information about your family history, including all genetic conditions.

### Note

If your health changes before your cover starts you must let us know immediately.

### Note

It is our policy to carry out occasional testing to confirm non-smoker status.

17 Do you have other cover with Irish Life?

Yes ☐ No ☐

If 'Yes', please give the policy numbers

18 Have your parents or any of your brothers or sisters suffered or died from heart disease including cardiomyopathy, stroke, kidney disease, cancer, multiple sclerosis, comma Huntington's chorea, polycystic kidneys polyposis of the colon or other hereditary disorder before age 60?

Yes ☐ No ☐

If 'Yes', please fill in the sections below for relatives who are or were affected by the illnesses shown.

Please give the age when they began. If your relative had cancer, tell us which part of their body was affected first.

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

#### Note

Cardiomyopathy is a disease affecting the heart muscle. Huntington's chorea is a hereditary disorder which affects the central nervous system. Polycystic kidneys is a disease where cysts develop in the kidneys. Polyposis of the colon is a disease where growths occur in the bowel.

## 14. Additional Questions for Contribution Cover

19. Do any of the following form an essential part of your work? If 'Yes', please provide full details, including average weekly business miles for driving and the average height for working at heights along with the percentage of your average working week you spend on each activity.

a Manual work Yes ☐ No ☐  %

b Driving Yes ☐ No ☐  %

If 'Yes', how many miles each week?

c Using machinery or tools Yes ☐ No ☐  %

d Working at heights Yes ☐ No ☐  %

What is the average height you work at?

e Do you work more than 50 hours in an average working week? Yes ☐ No ☐

If 'Yes', give the number of hours

 hours

#### Note

For Contribution Cover: You are obliged to notify Irish Life Assurance of any change in occupation or employment status during the course of the contract. Failure to do so may result in failure to pay claim.

#### Note

Where appropriate, customers should fill in the Supplementary Medical Conditions Questionnaire

### Important notes

#### Change of occupation or employment status (Contribution Cover only)

You must tell us immediately about any change in occupation during the course of the contract. If you do not do this, we may not pay a claim. If you become unemployed your cover ends.

#### Limits to the amount we will pay (Contribution Cover only)

We will pay only up to certain limits in relation to actual earnings in the period preceding any claim - these limits and deductions are detailed in the policy terms and conditions.

## 15. Further Medical Evidence

[illegible]


### Note

Please ensure that you have completed the declaration on page 3 and also on page 7 if protection benefits are required

### Note

Please fill in the Direct Debit Mandate if paying your premiums direct from a bank or building society account.

## Direct Debit Mandate

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Name of bank / building society <input type="text"/>    |  | bank or building society  | <b>For our use only</b>  |  | <br><b>Irish Life</b> |
| Address of bank / building society <input type="text"/> |  |   | Cloas originators ID no.   |  |  |
| <input type="text"/>                                    |  |   | <input type="text" value="3"/>   <input type="text" value="0"/>   <input type="text" value="3"/>   <input type="text" value="5"/>   <input type="text" value="8"/>   <input type="text" value="7"/>  |  |  |
| Bank account number <input type="text"/>                |  | Sorting code <input type="text"/> - <input type="text"/> - <input type="text"/> | Originators reference  |  |  |
| Account holders name <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"/> (Policy no.) |  |  |
|   |  |   | <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"/> (Reference)                         |  |  |

I/we authorise you to pay direct debits from my account at the request of Irish Life Assurance plc. Irish Life Assurance plc may add these direct debits to any other direct debit amounts which are payable within the same calendar month and for which I have signed direct debit forms. I will inform the bank in writing if I wish to cancel this instruction. I understand that if any direct debit is paid which breaks the terms of this instruction, the Bank will make a refund.

|                      |                                 |  |
|----------------------|---------------------------------|--|
| Signature            | Joint Signature (if applicable) | Date   |
| <input type="text"/> | <input type="text"/>            | <input type="text"/> / <input type="text"/> / <input type="text"/> |

**Notes**  
 If you want to pay premiums through your bank or building society account you must fill in and sign this form. When you have signed this form, please return it to Irish Life Assurance plc, Lower Abbey Street, Dublin 1. Instructions cannot be accepted to charge direct debits to a deposit or savings account.

**For completion by Irish Life**

Due dates on  /  /  and following the first payment  every month  every 3 months  every 6 months  every year

## 16. Declaration (applying to medical questions)

This form is my application for cover under Irish Life's normal conditions. I understand that my risk benefits with Irish Life Assurance plc will be based on this declaration, my application form, any supplementary questions answered, any statements made to Irish Life's underwriting team in response to any phone calls received and recorded or any information I give to a medical examiner acting for Irish Life and all terms and conditions furnished to me by Irish Life.

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 you have accepted me for cover and I have paid the first payment. I have read over the replies to all the questions in this application form and declare that all statements, as well as those about tobacco consumption (including any statements written down for me) are true and complete.

I have read and understand the note concerning telling Irish Life about material facts and understand that if I do not tell Irish Life all material facts this contract could be void. I agree that Irish Life may get 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, this information will be noted on a central registry administered by the Irish Insurance Federation even if my application does not result in a plan being issued. Irish Life may retain and share this information with other companies as a protection against not being given material facts and to facilitate any future applications by me. I agree that this information (including any medical data) can be held for six years by Irish Life.

I authorise Irish Life Assurance plc (ILA) and its agents to hold and process information in connection with this contract(s) or transaction(s). Disclosing my personal 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

Date

/ /

### Note

All customers answering medical questions must sign and date this declaration.

### Note

You can ask us for a copy of your filled in application form.



**Irish Life**

Lower Abbey Street  
Dublin 1 Ireland  
Telephone 01 704 2000  
Fax 01 704 1900  
[www.irishlife.ie](http://www.irishlife.ie)

ILA 1143 (REV 01/07)

### FOR OFFICE USE ONLY

| Navigator |   | Complete Solutions |       |      |            |            |
|-----------|---|--------------------|-------|------|------------|------------|
| I         | R |                    |       |      |            |            |
| %         | % |                    |       |      |            |            |
| Flat      | % | Plan Charge: 0%    | 0.25% | 0.5% | Initial or | Fund based |

# Direct Debit Mandate on reverse