

**AMRF**

Choose  
PlanApply  
NowSign  
Now

Submit

Plan types

Choose plan



Please choose one of the options below that meets your customer's needs

Protection

☐

Savings

☐

Pension

☒

Investments

☐

Mortgage Protection

☐

Please select type of pension

Select

AMRF

☒

ARF

☐

Company

☐

PRSA &amp; Personal &amp; PRB

☐

PRSA AVC

☐

SAPS

☐

Please select subtype of pension

Other Pension

☒

Will you be paying regular premiums?

No, Single Premium Only

☒

Please select payment type

Other

☒

NEXT &gt;

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Choose  
PlanApply  
NowSign  
Now

Submit

✔ Plan types

Choose plan



Irish Life

## Select a plan \*

Plan	Description	Choose
Invesco AMRF	AMRF	<input checked="" type="radio"/>

Select

NEXT ▶

Then click next to continue

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Choose  
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Submit

**Complete all sections  
marked with \*****Personal Details**

Contact Details

Premium Details

Fund Details

Administration  
Details

Commission Details



Irish Life

**Invesco AMRF**

Title

First Life

\* Mr

First name

\* Patrick

Initial

Surname

\* Murphy

Date of birth

\* 10/01/1950

Age Next Birthday

\* 63

Gender

\* ☒ Male ☐ Female

Marital status

\* Married

Country of nationality

\* Ireland

Previous surname (if any)

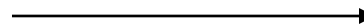
Occupation

\* Electrical Contractor

PPSN number

\* 3182211J

Are you Irish Resident for Tax?

\* ☒ Yes ☐ No**Then click next to continue****NEXT**

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Choose  
PlanApply  
NowSign  
Now

Submit

HOME

EXIT WITHOUT SAVING

EXIT, SAVE

**Complete all sections  
marked with \***

✔ Personal Details

Contact Details

Premium Details

Fund Details

Administration  
Details

Commission Details

**Invesco AMRF**

Address line 1

Address line 2

Address line 3

County

Home phone number

Mobile phone number

Email address

How would the client like to receive their plan  
communications from us? (welcome pack, letters  
and regular statements)

Please confirm date of birth

Patrick Murphy

\* Main Street

\* Dublin 1

0184111111

0871111111

patrickmurphy@eircom.net

\* ☒ Online@Irishlife.ie☐ by paper post

\* 10/01/1950

**Then click next to continue****NEXT ▶**

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Choose  
PlanApply  
NowSign  
Now

Submit

**Complete all sections  
marked with \***

Personal Details

Contact Details

Premium Details

Fund Details

Administration  
Details

Commission Details



Irish Life

**Invesco AMRF**

Investment amount

\* 119800

How will this premium be paid?

\* 3rd Party Cheque (Company)

Encashed or matured plan number

NEXT ►

**Then click next to continue**

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Choose  
PlanApply  
NowSign  
Now

Submit

HOME

EXIT WITHOUT SAVING

EXIT, SAVE

✓ Personal Details

✓ Contact Details

✓ Premium Details

Fund Details

Administration  
Details

Commission Details



Irish Life

**Invesco AMRF****Please select your single premium funds**

Fund	Percentage
* Indexed Emerging Market Equity	* 50
Indexed Euro Corporate Bond Fu	50



NEXT ▶

**Step 1**  
**Select Fund/s****Step 2**  
**Select percentage**  
**of fund****Step 3**  
**To add a fund**  
**press plus and**  
**to delete fund**  
**press minus****Then click next**  
**to continue**

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Choose  
PlanApply  
NowSign  
Now

Submit

**Complete section  
marked with \***

**Personal Details** **Contact Details** **Premium Details** **Fund Details****Administration  
Details**

Commission Details

**Irish Life****Invesco AMRF**

Please confirm whether or not this plan replaces in whole or in part any existing plans with Irish Life or any other insurer which have been, or are to be, cancelled or reduced

- \* ☐ Yes, replacing Irish Life plans only
- ☐ Yes, replacing Irish Life plans and plans from another Life company
- ☐ Yes, replacing plans from another Life company
- ☒ No

**NEXT**

**Then click next**

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Choose  
PlanApply  
NowSign  
Now

Submit

**Invesco AMRF****+ Please Choose your Single Premium Commission Options**[View Commission](#)[NEXT ▶](#)

- ✓ Personal Details
- ✓ Contact Details
- ✓ Premium Details
- ✓ Fund Details
- ✓ Administration Details

**Commission Details****Irish Life****Click to select commission option**

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Choose  
PlanApply  
NowSign  
Now

Submit

- ✓ Personal Details
- ✓ Contact Details
- ✓ Premium Details
- ✓ Fund Details
- ✓ Administration Details

Commission Details

**Invesco AMRF****Please Choose your Single Premium Commission Options**Search: 

Detail	Trail	Profile Number	Choose
0.5% Trail with 0% plan charge [6280]	0.50%	6280	<input checked="" type="radio"/>
0.6% Trail with 0.1% plan charge [6282]	0.60%	6282	<input type="radio"/>
0.7% Trail with 0.2% plan charge [6285]	0.70%	6285	<input type="radio"/>
0.8% Trail with 0.3% plan charge [6287]	0.80%	6287	<input type="radio"/>
0.9% Trail with 0.4% plan charge [6290]	0.90%	6290	<input type="radio"/>
1.0% Trail with 0.5% plan charge [6292]	1%	6292	<input type="radio"/>
0.4% Trail with 0.1% rebate [6294]	0.40%	6294	<input type="radio"/>
0.3% Trail with 0.2% rebate [6296]	0.30%	6296	<input type="radio"/>

Showing 1 to 8 of 8 entries

View Commission

NEXT ▶

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**Step 1 – Select commission option/profile****Step 2 – view commission**

## View Commission



EXIT, SAVE

## View Commissions

Year	Premiums	Commission
------	----------	------------

1	€119,800	€606
2	€0	€618
3	€0	€630
4	€0	€643
5	€0	€656
6	€0	€669
7	€0	€683
8	€0	€697
9	€0	€711
10	€0	€725

Showing 1 to 10 of 37 entries



Annual fund management charge based on current fund choice

00.950%

Year 1 Regular Premium Commission

€0

Year 1 Single Premium Commission

€606

I confirm that the commissions payable are correct.



**Tick box to confirm commission  
and then click save**

SAVE

CANCEL



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Choose  
PlanApply  
NowSign  
Now

Submit

**Invesco AMRF****+ Please Choose your Single Premium Commission Options**[View Commission](#)[NEXT ▶](#)

- ✓ Personal Details
- ✓ Contact Details
- ✓ Premium Details
- ✓ Fund Details
- ✓ Administration Details
- ✓ **Commission Details**

**Irish Life****Click next to continue**

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Choose  
PlanApply  
NowSign  
Now

Submit

## Paper compliance



Irish Life

**Invesco AMRF**

Please confirm that you have satisfied the requirements below

- \* ☒ Section 30 receipt given to the customer.
- \* ☒ On-Line Application Declaration in the Pensions Booklet signed and dated by the customer.
- \* ☒ Business Replacement Declaration completed by you.
- \* ☒ Customer Information Notice given to the customer
- \* ☒ Source of Investment and Eligibility for AMRF/ARF completed by the customer

NEXT ►

**When all sections complete then click next**

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Choose  
Plan ✓Apply  
Now ✓Sign  
Now ✓

Submit

Thank you

**Invesco AMRF**

Thank you for your application.

Preview Report

Click if you wish to review input

Submit Plan

Click to submit plan



Irish Life

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Thank you



Irish Life

Choose Plan

Invesco AM

Thank you for y

Preview Re

Submit Plan

Submit

Submit Complete

OK

Click ok to continue

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Choose  
Plan ✓Apply  
Now ✓Sign  
Now ✓

Submit

✓ Thank you

**Invesco AMRF**

Thank you for your application.

Submit Complete. Your plan number is 11044309

[View Report](#)[Another Proposal For This Client](#)[Done](#)

Click if you wish to submit  
another plan for client or just  
press Done if complete

**Irish Life**

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