



## Company Pension - Data Capture Form

### Data Capture Form - Brokerage

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.

### 1. Financial Adviser Details

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

Financial Adviser Name:   
Financial Adviser Code:  Staff Number:

FOR OFFICE USE ONLY

Proposal Number:  Proposal Date:  /  /

### 2. Product Selection

Please select which product you require.

Complete Solutions Company 1 ☐ Complete Solutions Company 2 ☐ Pension Term Assurance ☐

### 3. Personal Details

Title (Mr/Mrs/Ms)

Gender

Male

☐

Female

☐

First names

Last name

Date of birth

 /  / 

Country of birth

Marital status

Married

☐

Single

☐

Widowed

☐

Separated

☐

Divorced

☐

Home address

Previous surname

(if any)

Precise occupation

Chosen retirement age

Current level of earnings or salary

€  p.a.

Home phone number

Mobile phone number

Office phone number

E-mail address

Personal Public Service No

#### Note

Please describe your occupation in full.

#### Note

Chosen retirement age must be between 60 and 70.

#### Note

We require your Personal Public Service Number (PPSN) to obtain approval from the Revenue Commissioners.

## 4. Employer details

Name of employer

Company registered number

Address for correspondence

Employer contact name

Employer contact phone number

## 5. Contribution details

	Employer	Employee	AVC	Total
How much do you wish to invest?	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
On what date are your payments to start?		<input type="text"/> / <input type="text"/> / <input type="text"/>		
Payment frequency (how often you wish to make payments)			Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>
			Half yearly <input type="checkbox"/>	Yearly <input type="checkbox"/>
			<input type="text"/> / <input type="text"/> / <input type="text"/> *	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
What date do you want the direct debit to take place (1st to 28th of the month)?				
Do you want your payments to increase in line with inflation?				

### Note

Employer must always contribute part or all of payment.

### Note

The amount you wish to invest should be based on the frequency you wish to make payments.

### Note

Maximum personal contributions to your main scheme at work and an AVC arrangement as a percentage of gross earnings.

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

	Employer	AVC (Employee Special Contributions)	Total
Lump sum payment?	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Transfer value payment amount	€ <input type="text"/>		

**Note:** A transfer application form must be completed by the company/trustee transferring the assets and submitted with this application form.

## 6. Payment details

How are payments to be paid?	Direct debit <input type="checkbox"/>	Cash <input type="checkbox"/>
Will direct debits be paid from a third party bank account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### \*Note

This date must be between 1st and 28th of the month. For direct debits to be combined, all direct debit dates must be the same.

### Note

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

### Note

You only pay by cheque where the payment is a single premium or is being made annually and the annual payment exceeds €3,000. Cheques should be made payable to Irish Life Assurance plc.

## 7. Fund options

### Low Risk

Cash Fund	<input type="text" value=""/>	%
Capital Protection Fund	<input type="text" value=""/>	%
Safe Deposit Fund	<input type="text" value=""/>	%

### Medium Risk

Diversified Cautious Fund	<input type="text" value=""/>	%
Indexed Fixed Interest Fund	<input type="text" value=""/>	%
Diversified Balanced Fund	<input type="text" value=""/>	%
Pension Protection Fund	<input type="text" value=""/>	%
Indexed Euro Corporate Bond Fund	<input type="text" value=""/>	%
Consensus Cautious Fund	<input type="text" value=""/>	%

### High Risk

Consensus Fund	<input type="text" value=""/>	%
Consensus Lifestyle (tick if applicable)	<input type="checkbox"/>	
Bloxham Logic Fund	<input type="text" value=""/>	%
Diversified Growth Fund	<input type="text" value=""/>	%
Irish Life Active Managed Fund	<input type="text" value=""/>	%
Pension Property Fund (Irish property)	<input type="text" value=""/>	%
UK Property Fund	<input type="text" value=""/>	%
Property Portfolio Fund	<input type="text" value=""/>	%
Eurasia Property Fund	<input type="text" value=""/>	%
Eurasia Property Plus Fund	<input type="text" value=""/>	%
Irish Life Global Opportunities Fund	<input type="text" value=""/>	%
Global Select Fund	<input type="text" value=""/>	%

### Other Funds

<input type="text" value=""/>	<input type="text" value=""/>	%	<input type="text" value=""/>	<input type="text" value=""/>	%
<input type="text" value=""/>	<input type="text" value=""/>	%	<input type="text" value=""/>	<input type="text" value=""/>	%

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" value=""/>	Fund 2	<input type="text" value=""/>	Fund 3	<input type="text" value=""/>	Fund 4	<input type="text" value=""/>
	<input type="text" value=""/>		<input type="text" value=""/>		<input type="text" value=""/>		<input type="text" value=""/>
	%		%		%		%

### High Risk

Tomorrow's World Fund	<input type="text" value=""/>	%
Fidelity Managed International Fund	<input type="text" value=""/>	%
Fidelity EMEA Fund	<input type="text" value=""/>	%
Fidelity Global Property Shares Fund	<input type="text" value=""/>	%
Fidelity Global Special Situations Fund	<input type="text" value=""/>	%
Fidelity European Opportunities Fund	<input type="text" value=""/>	%
Fidelity India Fund	<input type="text" value=""/>	%
Fidelity China Fund	<input type="text" value=""/>	%
Fidelity India China Fund	<input type="text" value=""/>	%
Fidelity MASDF	<input type="text" value=""/>	%
Bloxham High Yield Fund	<input type="text" value=""/>	%
Bloxham Contrarian Fund	<input type="text" value=""/>	%
Bloxham Intrinsic Value Fund	<input type="text" value=""/>	%
Bloxham Global Alpha Fund	<input type="text" value=""/>	%
Consensus Equity Fund	<input type="text" value=""/>	%
Indexed Irish Equity Fund	<input type="text" value=""/>	%
Indexed UK Equity Fund	<input type="text" value=""/>	%
Indexed European Equity Fund	<input type="text" value=""/>	%
Indexed North American Equity Fund	<input type="text" value=""/>	%
Indexed Japanese Equity Fund	<input type="text" value=""/>	%
Indexed Pacific Equity Fund	<input type="text" value=""/>	%
Indexed Commodities Fund	<input type="text" value=""/>	%

Please see your Fund Guide for a list of all funds available.

#### Note

Under Consensus Lifestyle 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

Transfers out of the Capital Protection 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.

## 8. Revenue Information

Address of the registered office of the employer

  
  


Does the employee have other pension benefits from previous/current employments?

Yes ☐ No ☐

If YES, please complete the Previous Pension details in CAB

Please give plan numbers of any existing Irish Life Pension contracts in respect of this employee

Employee's tax district

Employer's tax district

Employer's PRSI Number

## 9. Company Pension Term Assurance Details

Please specify the amount of cover required and tick as appropriate

Age at which cover should cease

Life cover required

€

Inflation Protection

Yes ☐ No ☐

Guaranteed Life Cover Again

Yes ☐ No ☐

Term assurance contribution

Employer	Employee	AVC	Total	per
€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/>

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

 /  / 

**Note** Age restrictions may apply. See your plan document for more details.

**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.

**Guaranteed Life 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 plan document. The option of Guaranteed Life Cover again only applies to a maximum life cover amount of €1 million.

These limits are in respect of the total cover converted across all policies belonging to the life assured.

## 10. Medical Questions

### 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

3 Height and Weight.

feet	inches
------	--------

stone	pounds
-------	--------

cms	kgs
-----	-----

or alternatively

4 (a) Have you smoked tobacco of any kind in the past 12 months or do you intend to smoke in the future?

YES ☐ NO ☐

(b) Do you consume any other form of tobacco.

YES ☐ NO ☐

If YES, please supply details

If you smoked tobacco of any kind in the last 12 months or you intend to smoke in the future, please fill in the following :

Cigarette Smoker

per day

Cigar Smoker

per day

Pipe Smoker Grams

per day

Please include each type of tobacco you consume on a daily basis. A pipe smoker should indicate the number of grams per day. It is our practice to carry out occasional testing to confirm non smoker status.

5 Alcohol consumption (total number of units) per week

units per week
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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" overleaf.

6 Have you ever suffered from or had treatment for

(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 any other growth or tumour?

YES ☐ NO ☐

(g) a 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 ☐

7 Have you had a surgical operation in the last five years? YES ☐ NO ☐

8 Have you in the last five years had or been advised to have any special investigations, blood or laboratory tests? YES ☐ NO ☐

9 Are you currently taking prescribed drugs, medicines tablets or other treatment? YES ☐ NO ☐

10 Are you currently unwell or receiving medical mentioned in the answers given above? YES ☐ NO ☐

11 Have you ever taken drugs for other than medical purposes? YES ☐ NO ☐

12 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. YES ☐ NO ☐

13 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. YES ☐ NO ☐

14 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. YES ☐ NO ☐

15 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 ☐

16 Have your parents or any of your brothers or sisters suffered or died from heart disease including cardiomyopathy, stroke, kidney disease, cancer (bowel,breast, ovarian or other), motor neurone disease, multiple sclerosis, Huntington's disease, polycystic kidneys, polyposis of the colon or other hereditary disorder before age 60? Note: If you are adopted please answer "no" to this question. If your relative had cancer, please tell us which part of the body was affected first. YES ☐ NO ☐

		Condition suffered	Age when it started
If living	Father	<input type="text"/>	<input type="text"/>
	Mother	<input type="text"/>	<input type="text"/>
	Brothers	<input type="text"/>	<input type="text"/>
	Sisters	<input type="text"/>	<input type="text"/>
If dead	Father	<input type="text"/>	<input type="text"/>
	Mother	<input type="text"/>	<input type="text"/>
	Brothers	<input type="text"/>	<input type="text"/>
	Sisters	<input type="text"/>	<input type="text"/>

Other medical information

17. Is there a FAST TRACK UNDERWRITING QUESTIONNAIRE or any other questionnaires accompanying the application form? YES ☐ NO ☐

If YES, please indicate which type of Questionnaire

PLEASE TAKE TIME TO REVIEW YOUR ANSWERS TO THE QUESTIONS.