



Please read each question carefully before you answer it. Use CAPITAL LETTERS throughout.

Financial adviser name
 Adviser code LARC registration no. (if this applies)

YOUR DETAILS

Your name in full (surname first)
 Gender Male ☐ Female ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐
 Date of birth / / Occupation
 Second investor's name in full (surname first)
 Gender Male ☐ Female ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐
 Date of birth / / Occupation
 Phone number Daytime Evening
 Home address

 Email address

If your plan is jointly owned, please tick this box ☐ to allow either owner the authority to switch funds online.

Proposer
 Proposer's address

Note: The proposer is the person who owns this Pinnacle plan. Only fill in these details if the proposer is different from 'you'.

Country of Residence (Proposer) Nationality (Proposer)

Note: We cannot accept a 'care of' address. We only accept addresses in the Republic of Ireland.

We will assume that you are taking out this plan on your own behalf and for your own benefit unless you tell us otherwise. If this is not the case, please fill in the following details:

Name of other party
 Relationship or other connection to you (if any)

INVESTMENT DETAILS

Payment (at least €250 a month) €250 ☐ €500 ☐ €1000 ☐ Other
 Will you pay: every month? ☐ every three months? ☐ every six months? ☐ every 12 months? ☐ Lump sum (at least €650)

Indexing your payments

If you index your payments, they will increase each year in line with inflation (minimum of 5%). To index your payments, please tick this box. ☐

Note: A lump sum can not be accepted without regular contributions being made. Please complete the Direct Debit Mandate. Please attach a cheque if making a single lump sum payment.

Active Managed Fund	€ <input type="text"/>	Indexed World Equities Fund	€ <input type="text"/>
Consensus Fund	€ <input type="text"/>	Protected Consensus Markets Fund	€ <input type="text"/>
Core Fund	€ <input type="text"/>	UK Property Fund	€ <input type="text"/>
Global Cash Fund	€ <input type="text"/>	Bloxham High Yield Fund	€ <input type="text"/>
Indexed Commodities Fund	€ <input type="text"/>	Fidelity EMEA Fund	€ <input type="text"/>
Indexed Euro Corporate Bond Fund	€ <input type="text"/>	Fidelity India China Fund	€ <input type="text"/>
Indexed Euro Short Dated Bond Fund	€ <input type="text"/>		
Other Funds			
<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"/>	€ <input type="text"/>

SOURCE OF FUNDS

Personal cheque from proposer(s) bank account ☐

Bank Draft ☐

3rd Party Cheque ☐

Direct Debit from proposer(s) bank account ☐

EFT ☐

3rd Party Direct Debit ☐

Please give details of account drawn from

Name and address of bank:

Account holders name:

Account holders number:

Sort code

Bank account number

Or

Encashment/Maturity proceeds of existing policy ☐

Other (e.g. Employer's Payroll scheme, Postal or Money order etc) ☐

Please give details

SOURCE OF WEALTH

To comply with the current Anti Money laundering and Terrorist Financing legislation, Irish Life Assurance plc is required to ask you about the original source of your wealth in respect of this application. Please tick the relevant box(es) and indicate the source of your investment amount.

Source of Wealth, Please tick as appropriate

1. Salary, bonus or regular savings ☐

2. Early retirement or redundancy payment ☐

3. Proceeds from the sale of investments of other assets ☐

4. Proceeds from the maturity / encashment of Irish Life plan ☐

5. Proceeds from the maturity / encashment of a plan with another life assurance company ☐

6. Inheritance ☐

7. Windfall / compensation payments ☐

8. Other (please specify)

DECLARATION UNDER REGULATION 6(3) OF THE LIFE ASSURANCE (PROVISION OF INFORMATION) REGULATIONS 2001.

WARNING: If you propose to take out this plan in complete or partial replacement of an existing plan, please take special care to satisfy yourself that this plan meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing plan. If you are in doubt about this, please contact your insurer or insurance intermediary.

Reference Plan number.

Please fill in this section by ticking the appropriate box:

Yes, this plan is replacing an Irish Life (or Progressive Life) plan ☐

Yes, this plan is replacing a plan from another life company ☐

No, this plan is not replacing another plan ☐

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's name

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 plan with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of seller

Date

for

(name of Intermediary or Insurer)

Declaration of Client:

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

Signature

Date

Signature (joint investor)

Date

Signature of Proposer (if different)

Note: if the plan owner (proposer) is different from the life assured, this declaration must be signed by the plan owner.

Data protection: (Only to be filled in if the product is taken out by an Irish Life Financial Adviser or tied agent). We will use the information you give here to send you details on 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 want to receive this kind of direct marketing information, please tick this box. ☐

You can stop using this service at any time in the future (even if you do not tick this box) by simply writing to the Marketing Department, Irish Life, Lower Abbey Street, Dublin 1.

DECLARATION

(If this is a joint application, please both read and sign the declaration below).
I/we acknowledge and agree that my/our investment will not begin until Irish Life Assurance plc. has received and accepted a fully completed application form, any other documentation or information requested and until it has received the investment proceeds.
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/We have read and understood the contents of this booklet and customer information notice. I understand that I can ask for a copy of the application.

Signature

Signature (joint investor)

Signature of the proposer (if different)

Date

DIRECT DEBIT INSTRUCTION (DDI)
Instruction to your Bank to pay Direct Debits



Originators Identification No.(OIN)

Please complete parts 1 to 5 to instruct your Bank to make payments directly from your account.
Then return the form to:- **Irish Life Assurance plc, Lower Abbey Street, Dublin 1.**

Originators Reference (Max 18 chars) (Plan no.)

1. Please write the name & full address of your bank & branch)

Bank

Branch

2. Name of account holder

3. Sort Code - - & Account Number

4. Your instructions to the Bank, and your Signature

- I instruct and authorise you to pay Direct Debits from my account at the request of replace with Irish Life Assurance plc.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also notify Irish Life Assurance plc of such cancellation.
- 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.

5. Direct Debit Collection date

Every month ☐

Every 3 months ☐

Every 6 months ☐

Every Year ☐

The Direct Debit Guarantee

- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then
 - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account.
 - Your Bank will accept and pay such debits, provided that your account has sufficient available funds.
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed an immediate refund by your Bank of the amount so charged where you notify your bank without undue delay on becoming aware of the unauthorised Direct Debit, and in any event no later than 13 months after the date of debiting of such Direct Debit to your account.
- You are entitled to request a refund of any Variable Direct Debit the amount of which exceeded what you could have reasonably expected, subject to requesting your Bank within a period of 8 weeks from the date of debiting of such Direct Debit to your account.
- You can instruct your Bank to refuse a Direct Debit payment by writing in good time to your Bank.
- You can cancel the Direct Debit Instruction in good time by writing to your Bank.

Signature

Date

Joint signature

Date

We cannot accept instructions to charge direct debits to a deposit or savings account.

For office use only

SSAP

DAA

Plan number

Due dates on

% take-up

initial

and following the first payment:

every month

every three months

every six months

every 12 months

