

# Application Form

If any item is blank or illegible, this will cause a delay in processing your application.

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## Irish Life

## 5. CONTRIBUTION DETAILS

### Regular contributions

Start date of plan  /  /

AVC Contribution €  per Month ☐ Quarter ☐ Half year ☐ Year ☐

Do you want inflation protection? Yes ☐ No ☐

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

How are regular contributions to be made Payroll Deduction ☐ Direct debit ☐ Cheque ☐

**Cheques for regular contributions can only be made when contributions are made on a yearly basis and exceed €3,000**

If direct debit contributions chosen, what day of the month would you like direct debits taken?  (1st to 28th of the month only)

AVC Single contribution €

Transfer value €  A transfer application form must be completed and submitted with this form

Name of Employer

Address of Employer

Employer Tax Reference  -  Tax Reference Number should contain 7 digits and 1 or 2 letters

### For Payroll Deduction Cases - (To be completed by the Employer if applicable)

Note: Inflation protection is not available for payroll deduction cases

When will you start deducting contributions from the employee's salary?  /  /  Please see notes at the back of this form

Note: Irish Life will start deductions from the employer's account the month following the date payroll deductions commence

Signed

Signature of person authorised to sign for and on behalf of the employer

Name  Contact Number  -

Email Address

## 6. CURRENT PENSION SCHEME DETAILS

1. Name of Pension Scheme

2. Is your scheme: Defined Contribution ☐ or Defined Benefit ☐

3. What is the scheme Normal Retirement Age?

4. When did you start your current employment?  /  /

Do you on your own, or with your spouse and/or minor children, directly or indirectly own or control more than 5%, or more than 20% of the voting rights of the employer?

No ☐ Yes over 5% ☐ Yes over 20% ☐

### To Be Completed by DC Scheme Members

1. Current value of your main scheme fund €

2. Current value of any AVC / PRSA AVC €

### Contributions to your main scheme:

3. Employee Contributions €  per Month ☐ Quarter ☐ Half year ☐ Year ☐

4. AVC Contributions €  per Month ☐ Quarter ☐ Half year ☐ Year ☐

5. Employer Contributions €  per Month ☐ Quarter ☐ Half year ☐ Year ☐

## To Be Completed by DB Scheme Members

### Contributions to your main scheme:

1. Employee Contributions €  per Month ☐ Quarter ☐ Half year ☐ Year ☐
2. AVC Contributions €  per Month ☐ Quarter ☐ Half year ☐ Year ☐
3. Current value of any AVC / PRSA AVC €

4. We require one of the following documents to be submitted with this application form

- A) Your most recent Pension Benefit Statement, or
- B) A letter from your employer confirming
- i) projected pension at your normal retirement date and
  - ii) tax-free lump sum benefits at your normal retirement date
  - iii) spouse's pension as a % of member's pension

These figures should be based on your current salary and service to retirement, or

C) Your employer or Personnel section can confirm below

Member's pension payable at NRA €  Spouse's pension  %

Tax Free Lump Sum €

Current value of any AVC / PRSA AVC €

Name

Signed

Signature of person authorised to sign for an on behalf of employer / Personnel Section

## 7. BENEFITS FROM PREVIOUS EMPLOYMENTS

Do you have any pension benefits from previous employments? Yes ☐ No ☐

If Yes please complete the rest of this section

If No please go to Section 8

A) Do you have Defined Contribution scheme benefits? Yes ☐ No ☐

Normal retirement age  Current Value €   
(including AVC / PRSA AVC values)

B) Do you have Personal Pension or PRSA (including self-employed) pension benefits? Yes ☐ No ☐

Current Value €

C) Do you have Defined Benefit scheme benefits? Yes ☐ No ☐

Normal retirement age  Member's pension payable at NRA €  Spouse's pension  %  
(if any) as a percentage of  
members pension

Tax Free Lump Sum €   
(if in addition to pensions at NRA)

Current value of any AVC / PRSA AVC €

## 8. DECLARATION UNDER ARTICLE 3(5) OF THE PERSONAL RETIREMENT SAVINGS ACCOUNTS (DISCLOSURE) REGULATIONS 2002

### Warning

If you propose to enter into this PRSA contract(s) in complete or partial replacement of an existing PRSA contract or a retirement annuity contract, please take special care to satisfy yourself that this PRSA contract(s) meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing PRSA contract or retirement annuity contract(s). If you are in doubt about this, please contact your PRSA provider.

This policy does not replace an existing policy ☐

This policy does replace an existing policy ☐

Policy or Reference number

### Declaration of PRSA Provider/ Intermediary

I hereby declare that in accordance with Article 3 of the Personal Retirement Savings Account (Disclosure) Regulations 2002, a Preliminary Intermediary Disclosure Certificate has been provided to

\*

and that I have advised the person concerned as to the financial consequences of replacing an existing PRSA contract or retirement annuity contract with this PRSA contract by cancellation or reduction and of possible financial loss as a result of such a replacement.

\* Insert name of person concerned

Signature of PRSA Provider/  
Intermediary

Date

/  /

### Declaration of Client

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

Signature of Client

/  /

## 9. DIRECT MARKETING CONSENT (To be completed if PRSA is taken out through an Irish Life Adviser or a tied agent)

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 and 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 here ☐

The option to decline this service may be exercised any time in the future (even if you do not tick here) by simply writing to the Marketing Department, Irish Life, Lower Abbey Street, Dublin 1.

## 10. FINANCIAL ADVISER DECLARATION

Source of PPSN  e.g. a copy of a P60, Social Welfare Card

Evidence of Age  e.g. a Passport, Drivers Licence

Document Ref:

I certify that I have viewed the documents stated above. I also confirm that I have brought to my client's attention the importance of investigating their current AVC options through their employer's scheme, in particular any options to purchase added years (which may be available under a defined benefit scheme and which provide guaranteed benefits). Having considered my client's circumstances and needs, I am satisfied that my client should make additional voluntary contributions into this PRSA, which is on a defined contribution basis and is not guaranteed.

Signature of Adviser

Date

/  /

## 11. FUND OPTIONS

Please see your Fund Guide/product booklet for a full list of funds available and information on the investment strategies referred to below. You can split your investment between up to 10 funds

What investment strategy do you want to follow? Please tick (1), (2), (3), (4), (5) or (6)

### Lifestyle Options

1. I am funding for an annuity through the Annuity Lifestyle Option  
Please select funds from the panel below ☐
2. I am funding for an ARF through the ARF Lifestyle Option.  
Please select funds from the panel below ☐

### Default Investment Strategies

3. I am funding for an annuity through the Default Investment Strategy (Annuity) ☐
4. I am funding for an ARF through the Default Investment Strategy (ARF) ☐

5. I wish to choose a selection of funds from below ☐

#### Funds available under PRSA Standard

	%
Consensus Fund	<input type="text"/>
Global Cash Fund	<input type="text"/>
Indexed Euro Corporate Bond Fund	<input type="text"/>
Active Managed Fund	<input type="text"/>
Indexed World Equities Fund	<input type="text"/>

#### Other Funds

Fund Name	%
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6. I wish to choose a selection of funds from below ☐

#### Funds available under PRSA Options only

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

#### Self Invested Deposit Fund

The minimum amount required to access the Self Invested Deposit Fund is €20,000. This fund is not available if you choose one of our Lifestyle Options. **Please also complete the relevant Deposit Investment Instruction Form.**

#### Other Funds

Fund Name	%
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### For PRSA Standard and Options

All regular and lump sum contributions will be invested as above. If you would like lump sum contributions to be invested differently than regular contributions please indicate your fund choice below.

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

## 12. CLIENT DECLARATION TO IRISH LIFE

(A) I declare that I:

- have received and read Irish Life's AVCs and your Complete Solutions PRSA booklet which provides important information about paying AVCs into a PRSA.
- am aware that my AVCs into the PRSA is on a defined contribution basis and the return is not guaranteed - this contract will not provide defined benefits as fund values can fall as well as rise. I acknowledge and agree that I have been advised to investigate any AVC options offered through my employer's main occupational pension scheme.
- acknowledge and agree that I have been advised to review any options which provide guaranteed benefits and which can be available under defined benefit schemes, in particular any options to buy added years (notional service) under public sector / semi state defined benefit schemes.
- understand and accept that it is my responsibility to review and consider any such options directly with my employer, and that my financial adviser will base any recommendation on the information I have provided but will not have discussed or verified this with my employer.
- understand that, although this AVC plan is separate to my employer's main occupational pension scheme, retirement benefits must be paid at the same time as the main scheme (if I am still in that employment) and must be within Revenue limits.
- am required to notify Irish Life if I leave this employment, change my contributions to that scheme, if my salary decreases or if my benefits change.

(B) 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 (ILA) will be based on this application and declaration, and any supplementary application form attached. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 2A of Part 30 of the Taxes Consolidation Act 1997.

I authorise 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 Irish Life separately. ILA may hold and process this information for administrative, customer care and services purposes. I consent to Irish Life disclosing this information to persons necessary in connection with this contract or transaction including regulatory authorities, other companies in the Company's group, other insurance companies or as required by law.

**I agree that where I have selected fund(s) other than the Default Investment Strategy (Annuity) or the Default Investment Strategy (ARF), by signing this declaration, and any supplementary application, I am providing written confirmation that I do not wish to avail of either Default Investment Strategy.**

Where applicable, I, as an employee, consent to my employer having access to my application in order to facilitate the deduction of my personal contributions from my salary. I also understand that the commencement date of the contract and the timing of any subsequent changes to contributions will be subject to my Employer making the necessary changes in my payroll. I agree that ILA may get information in respect of any transfer value contribution amount from the transferring Trustees / Life Office and I authorise them to give Irish Life this information.

Signature of Client

Date

## 13. DIRECT DEBIT

Note: If you want to pay contributions 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.

Name of bank/ building society

Address of bank/ building society

Account number

Sorting Code

Account holders name(s)

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.

First Signature

Joint signature (if applicable)

Date

## NOTES:

**If contributions are deducted from salary by your employer:**

Your employer can take contributions from your salary whenever you are paid. This could be every week, fortnight or monthly. Irish Life will then take this contribution from your employer's bank account. Please note that your plan will be a monthly-paid plan and we will collect contributions from your employer every month.

For Example: If you are paid weekly and decide to make a regular contribution of €60, we multiply €60 by 52 (weeks in a year) and divide it by 12 (months in a year). Your plan will then be set up for €260 every month and we will collect this from your employer's bank account every month by direct debit.

Therefore, at certain times, deductions made from your payroll may be held in your employer's bank account for a short period before they are sent to us and invested in your plan. Contributions are invested on the day we receive them.

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**Irish Life**