

Enhanced Annuity Application Form

Application Form

In completing this application form, please note:

- (1) The annuity products are designed to provide an income for life with the facility to build in certain levels of protection. Once invested, you have no further control over the capital.
- (2) If you require an Approved Retirement Fund/Approved Minimum Retirement Fund (ARF/AMRF) product please fill out a separate ARF/AMRF Application Form which is available from our Retail Marketing Team. **Please read questions before answering and use capital letters throughout.**

1. FINANCIAL ADVISER DETAILS

Broker/Agent Name Broker/Agent Code *This must be completed*

For Tied Agents and Direct Sales Only: Please enclose a copy of the completed Post-Retirement Personal Financial Review and Statement of Suitability with this application. We cannot process this application until we receive it.

Your Manager

2. PERSONAL DETAILS

Title (Mr/Ms/etc) Maiden Name if Married

First Name Surname

Please use both the first name and surname

Address

Email Address

Irish Life may use your e-mail address for servicing your policy.

Telephone Number Mobile Work

Are you ordinarily resident outside the State? Yes ☐ No ☐ If you have answered yes please provide details of your foreign address.

Foreign Address

Date of Birth / / Male ☐ Female ☐

Relationship Status Married ☐ Single ☐ Widow(er) ☐ Separated ☐ Divorced ☐ Registered Civil Partner ☐

PPS Number *We must have the PPS Number to pay the pension. PPS Number should contain 7 digits and 1 or 2 letters. This is required for administrative purposes and to assist in the payment of benefits*

If Dependant's Pension is required please fill in below.

Dependant's Title (Mr/Ms/etc) Maiden Name if Married

First Name Surname

Date of Birth / / Male ☐ Female ☐

3. BANK DETAILS

Payment of the pension, must be to a bank, building society or Credit Union (via the Credit Union bank account).

Name of bank:

Address of bank:

Name of account

Bank Account Number (IBAN) - - - - - - -
All Irish account numbers are 22 characters long. The shaded boxes are only to be filled out in the case of a non-Irish bank account.

Swift/BIC code - -

4. IMPORTANT REQUIREMENTS - NOTE THE FOLLOWING

In order to commence payment of the pension the following documents/information must be supplied to us:

- This form fully completed (remember to give your PPS number)
- A Pensionchoice quotation *if used* (must be within the guarantee period)
- Evidence of age for all those named on the application
- Evidence of marriage, civil partnership or financial dependency if a dependant's pension is payable
- A cheque for the purchase price of the pension (if not coming from an Irish Life Pension Scheme).

If the required items are not submitted with the application form we will be unable to proceed with payment of the pension. The application will be returned and annuity rates may have to be revised, if any requirements are missing.

Taxation of the pension: The pension will be taxed as an income. If you wish to avoid the emergency tax basis, we need a P45 or a Tax Credit certificate with Irish Life as registered employer. It is up to you to obtain a Tax Credit certificate. If you need to request a Tax Credit certificate you can contact the Revenue Commissioners quoting your PPS number and Irish Life's registered employer number which is 0087900D.

5. AMOUNT AVAILABLE TO PURCHASE ANNUITY

Total Investment Amount € .

6. TYPE OF PENSION REQUIRED

Pension Amount € p.a. Date of Commencement / /

All payments are made on the first of the month and the initial payment is adjusted proportionately for the commencement date selected.

Minimum Payment Period 5 Years ☐ 10 Years ☐ Other ☐ Years

Dependant's pension as a percentage of the main pension None ☐ 50% ☐ 100% ☐ Other

Is overlap to be included? Yes ☐ No ☐

Overlap means the dependant's pension starts just after the death of an annuitant. Otherwise it starts at the end of the minimum payment period, if later.

Complete the following section only if yearly increases in pension are required. Only one of the following may be chosen in accordance with Revenue Rules.

Type/Description	Write the % increase/cap required	Option chosen Tick one box	Office Use
Fixed Increase – Compound Interest %	<input type="text"/> % (write the % increase here. Max is 7.5%)	<input type="checkbox"/>	C
Inflation linked – Yearly Limit	<input type="text"/> % (Write the cap % required)	<input type="checkbox"/>	Y

If fixed compound interest increases greater than 3% p.a. are chosen, you must provide the following details:

Maximum pension allowed by the Revenue Commissioners (*only required for occupational schemes*).

Before taking a tax free lump sum €

After taking a tax-free lump sum €

Pension Increase Products Explained

Compound Interest	The pension will increase by a fixed percentage each year. The increase will always be based on the latest pension amount. These increases are also known as cumulative.
Inflation - Yearly Cap	The pension will increase by the lesser of (a) the increase in inflation or (b) the nominated percentage cap. The inflation increase is calculated using the Consumer Price Index (CPI) figures over the previous year.

In the event of negative inflation, we will not reduce the payment levels on CPI linked annuities.

7. SOURCE OF FUNDS

The funds used to purchase this annuity are the proceeds of (please tick):

Occupational Pension Scheme

☐

Important note: If the proceeds are from an occupational pension scheme, please ensure you also complete section 10 of this form.

Personal Retirement Bond (PRB)

☐

Personal Pension Plan

☐

Personal Retirement Savings Account (PRSA)

☐

Additional Voluntary Contribution (AVC) Scheme

☐

Approved Minimum Retirement Fund (AMRF) or Approved Retirement Fund (ARF)

☐

Other (please specify)

8. DATA PROTECTION NOTICE & TAX DECLARATION

Data Protection Notices and Consents

1. The information you provide to Irish Life Assurance plc will be held on a computer database and/or any other way and will be used to administer this contract/transaction and any other products or services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life Assurance plc.
2. You have the right to question the purpose for which your data is held and the right to obtain a copy of your personal data held by Irish Life Assurance plc by submitting a written request and paying a small fee.
3. You have the right to request Irish Life Assurance plc to correct any inaccuracies in your personal data.

I declare that I consent to the

- A. processing and holding (on computer or otherwise) of all information (personal and sensitive) disclosed by me, or on my behalf, in relation to this contract/transaction by Irish Life Assurance plc, its servants and agents (together with such other information supplied to, or obtained by Irish Life Assurance plc separately) for administrative, customer care and service purposes.
- B. disclosing of my data (personal and sensitive) to persons necessary in connection with the above purposes, to the regulatory authorities or as is required by law, to reinsurers and health professionals and other companies in the Irish Life Group or the Great-West Lifeco Group.
This may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area.

I also declare that I authorise any insurance provider or any pension scheme trustees to provide Irish Life with details of any pension annuity being paid to me. I undertake to provide Irish Life with any information required to administer my policy/policies.

I understand that Irish Life is required to deduct tax and/or PRSI and/or Universal Social Charge (USC) (where relevant) from any payments to me. I understand that if Irish Life has not received the appropriate certificate of tax credits and tax deduction card from the Revenue Commissioners in respect of my Pension Choice products, then tax will be deducted under the emergency system.

I further declare that all of the answers in this application form are in every respect true and correct and I agree that the contract proposed will be based on this application and declaration.

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 service purposes.

Signature of Annuitant

Date

Signature of Dependant

Date

Signature(s) of Trustees

Date

Date

Date

9. GENERAL PRACTITIONER/DOCTOR CONTACT DETAILS

Fill out the contact details for your current General Practitioner (GP) in the sections below. If you're seeking a dependant's pension then fill out the GP details for both you and your named dependant.

Please be aware that we may contact your GP directly to verify the medical information submitted for the purpose of the quotation.

Annuitant

Named Dependant

Doctor's Name

Address 1

Address 2

Address 3

Address 4

Contact Number

10. MEDICAL DECLARATION

WARNING Please read the declaration below carefully and ensure that you fully understand it before signing it. If you cannot complete this declaration please contact your financial advisor for further information.

In providing this Enhanced Annuity quotation, we have relied upon the accuracy of the medical information submitted in respect of you and your dependant (if applicable). Full details of the medical information supplied for the purpose of the quotation are outlined in this quotation pack.

Please complete the declarations below (if you are seeking a dependent's annuity, your dependant must also complete this declaration):

- 10.1 I/we confirm I/we have reviewed my/our health and medical records prior to providing the information in this application form and medical information form and I am/we are satisfied that the information provided accurately reflects my/our records.

I have read and understood the above (please tick) ☐

- 10.2 I/We understand and agree that the annuity contract with Irish Life will be based on this application form including all declarations and consents, any supplementary questions answered, any statements made to Irish Life's underwriting team, any information I/we give to a medical examiner acting for Irish Life Assurance plc and all terms and conditions furnished to me by Irish Life.

I have read and understood the above (please tick) ☐

- 10.3 I/We understand my/our obligation to tell Irish Life Assurance plc about all material facts (See details about material facts in Section 11 below) in connection with my/our application and all my/our answers to the medical questions asked are in every respect true and complete.

I have read and understood the above (please tick) ☐

- 10.4 I/We consent to Irish Life obtaining information from or sharing information with:

- any doctor who at any time has attended me/us concerning anything which affects my/our physical or mental health
- any health professional for the purpose of processing my/our application
- any other insurance company (including Health Insurer)
- any other person nominated by the Irish Life to assess the accuracy of my information

I have read and understood the above (please tick) ☐

- 10.5 If my/our doctor can not verify the health and lifestyle information provided, I/we consent and agree to participate in independent medical and other tests at the Company's discretion and, to provide information to any person nominated by the Company, to assess the accuracy of the information provided by me/us.

I have read and understood the above (please tick) ☐

- 10.6 I/we understand that Irish Life may require verification of all of the health and lifestyle information provided by me/us as of the date of this application by my/our doctor or, at Irish Life's discretion, by independent medical verification or tests. I understand that if /we have provided details in relation to my/our smoking habits, Irish Life may require these details to be verified by my/our doctor or, at Irish Life's discretion, by independent medical verification or tests. I understand that the health and lifestyle information as at the date of this application must be verified and any change in my circumstances after the date of this application may not be taken into account.

I have read and understood the above (please tick) ☐

- 10.7 I/we understand that if Irish Life is unable to verify the accuracy of all of the information supplied by my/our doctor, the contract terms may be altered. If this happens Irish Life will have the right to reduce the annual income payable under the policy (including a reduction of the benefits payable under the policy to reflect any over-payment to that time and additional costs involved). I/we understand that if my/our doctor is unable to verify my/our health and lifestyle information, Irish Life has no obligation to seek further independent verification of my/our health and lifestyle information. I/we understand that if Irish Life is unable to verify the accuracy of all of the health and lifestyle information supplied by me/us, the enhancement may be reduced or removed entirely and I/we are not entitled to cancel this policy under any circumstances. I/we understand that if the enhancement is removed, the benefits payable under the policy will be calculated on the basis of standard annuity rates as of the original quotation date.

I have read and understood the above (please tick) ☐

- 10.8 I/we understand that there is no capital payment under an annuity policy and unless I/we have opted for a minimum period or a dependant's pension, annuity payments will cease on my death.

I have read and understood the above (please tick) ☐

I have read and confirm agreement with all the above (please tick) ☐

Signed Annuitant

X

Date

/ /

I have read and confirm agreement with all the above (please tick) ☐

Signed Named Dependant

X

Date

/ /

Important - Telling Irish Life about material facts.

Please read carefully sections 12 to 13.

Section 12 must be signed by the person receiving the pension and their broker/agent if the pension is being purchased from the proceeds of a an Approved Retirement Fund (ARF), Approved Minimum Retirement Fund (AMRF) or Vested Personal Retirement Savings Account (PRSA). It can be left blank where the trustees purchase the pension.

Section 13 must be signed by the trustees where the pension is purchased by them. It can be left blank if no trustee is involved.

This section is not appropriate when purchased by Trustees

WARNING

If you propose to take out this policy in complete or partial replacement of an existing Approved Retirement Fund (ARF), Approved Minimum Retirement Fund (AMRF) or Vested Personal Retirement Savings Account (PRSA) 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 policy does **not** replace an existing ☐ or ☐

This policy **does** replace an existing policy ☐ Ref. Policy Number

DECLARATION OF INTERMEDIARY

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001

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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 Approved Retirement Fund (ARF), Approved Minimum Retirement Fund (AMRF) or Vested Personal Retirement Savings Account (PRSA) policy with this policy by cancellation or reduction and of possible financial loss as a result of such replacement.

Signature of intermediary Date

On behalf of (company name)

DECLARATION OF CLIENT

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

Signature of Annuitant Date

13. ADDITIONAL TRUSTEE DECLARATION (FOR TRANSFERS FROM AN OCCUPATIONAL PENSION SCHEME ONLY)

I/we agree to the setting up of this policy in the name of the Annuitant.

I/we agree to the terms of this policy, being an Enhanced Annuity policy with benefits above standard rates due to health and/or lifestyle factors in relation to the annuitants and/or dependants. In the event Irish Life cannot verify the medical information (including, but not limited to, smoking habits) as of the date of application with the annuitant's (and/or the Dependant's) doctor or by independent medical verification or tests, the enhancement may be reduced or removed entirely with standard rates applying and the policy cannot be cancelled.

I/we consent to the processing and holding (on computer or otherwise) of all information disclosed by me, or on my behalf, in relation to this contract/transaction by Irish Life Assurance plc, its servants and for administrative, customer care and service purposes and, to the disclosing of my data to persons necessary in connection with the above purposes, to the regulatory authorities or as is required by law, to reinsurers and health professionals and other companies in the Irish Life Group or the Great-West Lifeco Group. This may involve the transfer of personal data to countries outside the European Economic Area.

Scheme Details

[illegible]

Pensions Board Reference Number Revenue Approved (tick if approved) ☐

Name of Trustee

Signature (Trustee) Date

X Date: / /

X Date: / /

14. OTHER DETAILS

Use this space for other relevant details if required.

[illegible]