

## Application Form - Brokerage

### In completing this proposal form please note:

ARF/AMRF products are designed to allow you to control your pension fund and you can determine the rate at which you take withdrawals from the fund. However, depending on the investment return, the rate of withdrawals and how long you live in retirement, there is no guarantee that the fund will last for your lifetime. Before completing this application form please ensure you have read and understood the product booklet.

**PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.**

**IF ANY ITEM IS BLANK OR ILLEGIBLE, THIS WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION.**

### 1. FINANCIAL ADVISER DETAILS

Financial adviser name

Financial adviser code  Profile number  -

### 2. PERSONAL DETAILS

Title (Mr/Mrs/Ms)  First Name   
Initial (if applicable)  Surname   
Previous Surname (if any)

Home address

Date of Birth  /  /  Male  Female

Marital Status Single  Married  Separated  Divorced  Widowed

E-mail address (if applicable)

Contact Phone Numbers Home  Mobile

PPS Number  -  PPS Number should contain 7 digits and 1 or 2 letters

### 3. CONTRIBUTION DETAILS

In ALL cases a Source of Investment Certificate (available at [www.bline.ie](http://www.bline.ie)) must be completed by the Insurance Company, QFM, PRSA provider or Trustee(s) transferring the money. Please submit a Source of Investment Certificate for completion direct to the relevant institution, together with their completed claim documentation.

Total Fund €   
Tax - free lump sum €

Complete Solutions AMRF 1 €  Complete Solutions AMRF 2 €   
Complete Solutions ARF 1 €  Complete Solutions ARF 2 €



#### 4. FUND DETAILS

Please see your Fund Guide for a full list of available funds. You can split your investment between up to 10 funds

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

	ARF %	AMRF %
Self-Invested Fund*	<input type="text"/>	<input type="text"/>

\* A minimum of 5% of the payment must be set aside in the liquidity account to pay the minimum withdrawal amount. Please refer to Your guide to your Self-Invested Fund booklet for the minimum amount required to invest in a Self-Invested Fund. Please also complete a separate Investment Instruction Form.

Other Funds	ARF %	AMRF %
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 5. ELIGIBILITY FOR ARF

Please answer the following questions if you are taking out an ARF. If you cannot answer 'Yes' to at least one of the four questions below, you must pay €119,800 (or such lesser amount where the fund is less than €119,800) into an Approved Minimum Retirement Fund.

Yes  **I have used or I am in the process of using at least €119,800 of my pension fund to invest into an Approved Minimum Retirement Fund (including this application) or to purchase a pension for life, from Irish Life or another provider.**  
Please attach written confirmation from Qualifying Fund Manager or Insurance Company with this application.  
Alternatively, please supply the following details and Irish Life will contact the Qualifying Fund Manager or Insurance Company for confirmation of this.

Name of Provider

Address of Provider

  


Policy or Reference Number

Amount Paid €

Yes  **I have a guaranteed income for life of at least €18,000 per annum, including State Pension Entitlements.**  
Please attach proof of income e.g. copy payment advices, letter from administrator, annuity schedule, etc.  
Examples of a guaranteed pension for life include a personal annuity, the State Transition Pension or the State Pension (Contributory).

Yes  **I am aged over 75** - Please provide proof of age e.g. copy birth certificate, copy of passport, etc

Yes  **I have inherited these funds following the death of the original ARF/AMRF investor**

Guaranteed income for life and AMRF amounts are current as at February 2011.



**9. DECLARATION UNDER SECTION 784B AND 784D TAXES CONSOLIDATION ACT 1997**

I the undersigned hereby declare that

- 1. I am beneficially entitled to the money and/or assets that are being transferred to the Approved Retirement Fund and/or Approved Minimum Retirement Fund.
- 2. The full amount of the money and/or assets being transferred is being transferred by virtue of the exercise of the option available to me under 772 (3A)(A) and s784(2A) of the Taxes Consolidation Act 1997, and/or was previously held in an Approved Retirement Fund/Approved Minimum Retirement Fund in my name or in the name of my spouse.

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 my investment will not begin until Irish Life have received and accepted my investment, a fully completed application form and any other documentation or information requested. I understand that this form is an application for investment on Irish Life's standard terms subject to any variation from these proposed on my behalf by my Financial Adviser which may be accepted or rejected by Irish Life.

I understand that Irish Life is required to deduct tax from any payments to me. I understand that if Irish Life has not received the appropriate tax-free allowance certificate or tax deduction card from the Revenue commissioners in respect of my ARF/AMRF, then tax will be deducted at the higher rate of tax from ARF/AMRF payments and under the emergency system for Pension products.

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 between me and Irish Life plc will be based on this application and declaration.

I authorise Irish Life Assurance plc (ILA) and its agents to hold and process information (on computer or otherwise) 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. I consent to ILA disclosing this information to persons necessary in connection with this contract or transactions including regulatory authorities, other companies in the Company's group, other insurance companies or as required by law.

Signed (signature of client)

Date

**10. ADDITIONAL TRUSTEE DECLARATION (FOR TRANSFERS FROM COMPANY PENSION ARRANGEMENTS AND AVC SCHEMES ONLY)**

**The trustee needs to sign over the investment if the initial investment is from a Company pension plan, AVC pension plan, or any pension arrangement where there is a trustee.**

I request that an AMRF and/or ARF be issued in the name of the employee in accordance with the details set out above.

Duly authorised to sign for and on behalf of the trustees

Name of Trustee

Signature

Duly authorised to sign for and on behalf of the trustees

Scheme Name

Revenue Approval Number

Date

**11. OTHER DETAILS**

Use this space for other relevant details if required








