



Application Form

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

2. PROFILE NUMBER

Regular - Lump sum - If this section is left blank this will delay us processing your application.

3. PRODUCT SELECTION

Please tick which product you require:

Complete Solutions Company 1 or Complete Solutions Bond Company 1 Complete Solutions Company 2 or Complete Solutions Company Bond

4. MEMBER DETAILS

Title (Mr/Mrs/Ms) First Name

Initial (if applicable) Surname

Home address

Date of Birth / / Male Female

Relationship Status Single Married Separated Divorced Widowed Registered Civil Partner

E-mail address

Contact Phone Numbers Home Mobile

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

Precise Occupation

Are you a one man company? Yes No

5. EMPLOYER & EMPLOYMENT DETAILS

Name of Employer

Employer's Tax Reference - Company Registered Number (if applicable)

Tax Reference should contain 7 digits and 1 or 2 letters

Address for correspondence

Registered address - if different to address for correspondence

Employer contact name

Employer contact phone number

E-mail address

Employee's current salary/earnings assessable for Schedule E income tax (PAYE) € per annum

Normal retirement age (must be between 60 and 70) Current Employment started / /

Is the employee a director who alone or together with his or her spouse and/or minor children owns or controls more than 5% of the voting rights in the company or does the employee alone or together with spouse and minor children directly or indirectly own or control more than 20% of the voting rights in the company?

No Yes over 5% Yes over 20%

6. REGULAR CONTRIBUTION DETAILS

If Regular contributions are being made please complete the following details

Start date of plan / /

Contribution Amount(s)

Employer €

AVC (Employee Special Contributions) €

Please advise separately if employee contributions are to be paid.

Total €

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 Direct debit Cheque

Cheque contributions can only be made when contributions are made on a yearly basis and exceed €3000.

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

7. LUMP SUMS

Employer €

AVC (Employee Special Contributions) €

Total €

8. FUND DETAILS

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

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

*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	%
<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"/>

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?

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

The risk level and volatility rating of a fund can change from time to time. Please visit our website www.irishlife.ie to see the most up-to-date fund information.

Lifestyling strategies are not available if you invest in the Self-Invested fund or a property fund.

If you wish to avail of a Lifestyling Strategy, please complete:

Irish Life offers 3 Lifestyling Strategies below which gradually moves your chosen fund(s) into specific funds over the term of your plan. A detailed description of each Strategy is given in your product booklet. **You should ensure you are happy with the risk level of each fund in these Strategies.**

I am funding for an annuity at retirement through the Annuity Lifestyling Strategy

I am funding for an ARF at retirement through the ARF Income Lifestyling Strategy

I am funding for an ARF at retirement through the ARF Investment Lifestyling Strategy

9. BUSINESS REPLACEMENT (only to be completed if company pension is taken out through an Irish Life Financial Adviser or tied agent)

Does this plan replace or partially replace another policy (with us or any other company) which has been cancelled or reduced or is about to be cancelled or reduced?

Yes, Irish Life plan Yes, plan from other Company No

If Yes please provide Plan Number

10. DIRECT MARKETING CONSENT (only to be completed if company pension is taken out through an Irish Life Financial Adviser or tied agent)

The information you give here will be used to process this 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 options 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.

11. PREVIOUS PENSION DETAILS

Details are required as part of the approval process with the Revenue Commissioners. If there is insufficient space below please attach additional details on a separate sheet.

Does the employee have any pension benefits from current or previous employments? Yes No

If No please go to next section

If Yes please complete the rest of this section.

A. Does the employee have Defined Contribution Company scheme pension benefits from current or previous employments?

Yes - Current employment Yes - Previous employment No

If Yes to either provide details

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

If Current employment Total Employer contributions € per annum

Total Employee contributions € per annum

If Previous employment

Scheme Name

B. Does the employee have Personal Pension/PRSA (including self-employed) pension benefits from current or previous employments?

Yes No

If Yes provide details Current Value €

Name of Life Office

C. Does the employee have Defined Benefit Company scheme pension benefits from current or previous employments?

Yes - Current employment Yes - Previous employment No

If Yes to either provide details

Normal Retirement Age Members pension payable at NRA € Retirement Lump Sum (if in addition to pension at NRA) € Spouses Pension % / Registered Civil Partners Pension %

Current value of any AVC / PRSA AVC €

If Current employment Total employee & AVC contributions € per annum

Death Benefit €

If Previous employment Date of leaving service / /

Scheme Name

13. EMPLOYER DECLARATION TO IRISH LIFE - MUST BE COMPLETED IN ALL CASES WHERE THE EMPLOYER IS THE TRUSTEE OR WHERE AN INDEPENDENT TRUSTEE HAS BEEN APPOINTED.

I declare that all the answers to the above questions are in every respect true and correct. I hereby agree that the contract proposed with Irish Life Assurance plc (Irish Life) will be based on the declarations, consents and Letter of Exchange in this booklet (including this declaration), together with all terms and conditions furnished by Irish Life. I declare I know of no material fact other than those stated, being a fact concerning circumstances which may influence the assessment and acceptance of an application by Irish Life.

I understand that failure to disclose all material facts could render the contract void. I understand that if I am in doubt as to whether any facts are material I should disclose them.

I understand that the product(s) are conditional on the approval of the arrangement by the Revenue Commissioners as an exempt approved scheme under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997.

I acknowledge and I understand and accept that the contract to which this application form and declaration applies is between Irish Life and the parties named on the Letter of Exchange that established this scheme. I confirm that the contract effected in pursuance of this application will be held by the Trustee under irrevocable trust for the purpose of providing retirement and other relevant benefits as defined by Chapter 1, Part 30 of the Taxes Consolidation Act 1997 to or in respect of the employee as set out in the Rules of the Scheme. Irish Life will act on either my (the employer's), the member's or the trustee's instructions in accordance with the Plan's Terms and Conditions.

I consent to Irish Life and the trustee processing and holding (on computer or otherwise) all information disclosed by me or on my behalf on this application (or in any supplementary documents) including financial details for the purposes of issuing and administering all aspects of this contract. I consent to Irish Life and the trustee disclosing the data for the above purposes and to persons necessary in connection with the above purposes, to regulatory authorities, or, as required by law to any persons with whom the company has a contract as a service provider, to other insurance companies or to other companies in the Company's Group.

S59 of Part VI of the Pensions Act, 1990 as amended, requires that a registered administrator is appointed and I understand that Irish Life are appointed to act as such for this Scheme. By accepting this application, Irish Life agrees to act in accordance with this role (outlined in S64G of Part VIA of the Act). I agree that either Irish Life or the trustee can choose to terminate this appointment by giving at least 90 days written notice to the other party. This 90 day notice period may only be reduced where both parties agree to it, or if required by legislation.

If the employer named on the Letter of Exchange is also appointed as Trustee I acknowledge that I as the trustee am responsible for ensuring that the employee (member) has been/ will be provided with all information required by relevant pension's legislation and all information necessary to enable him/her to exercise any discretion allowed under the Scheme Rules in relation to investment choice.

Signature

Duly authorised to sign for and on behalf of the Employer, and as Trustee if relevant

Date / /

14. EMPLOYEE DECLARATION TO IRISH LIFE

I declare that all the answers to the above questions are in every respect true and correct. I hereby agree that the contract proposed with Irish Life Assurance plc (Irish Life) will be based on the declarations, consents and Letter of Exchange in this booklet (including this declaration), together with all terms and conditions furnished by Irish Life.

I consent to Irish Life and the trustee disclosing the data for the above purposes and to persons necessary in connection with the above purposes, to regulatory Authorities, or, as required by law to any persons with whom the company has a contract as a service provider, to other insurance companies or to other companies in the Company's Group.

I declare that I have been provided with the necessary information to make an informed investment decision. I am happy with the investment choice made on this application form (or supplied through any additional documents linked to this application).

Signature

Employee

Date / /

15. DIRECT DEBIT MANDATE

Instruction to your Bank to pay Direct Debits



Originators Identification No.(OIN)

Please complete parts 1 to 4 to instruct your Bank to make payments directly from your account. Then return the form to:-
Irish Life, Lower Abbey Street, Dublin 1.

Originators Reference (Max 18 chars)

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 Irish Life 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 so notify Irish Life plc of such cancellation.

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 (s) Date / /

16. YOUR PLAN COMMUNICATIONS

How would you like to receive your plan communications from us? (for example, your welcome pack, letters and regular statements)

Please tick one option: Online at www.irishlife.ie By paper post

Your plan communications will be securely stored in your personal online account at www.irishlife.ie.
You will be notified by text and email when communications are added to your account.
If you do not choose an option we will assume you want to receive communications by paper post.