

# Personal Pension - Data Capture Form

## Data Capture Form - Brokerage

### 1. Financial Adviser details

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE CAPITAL LETTERS THROUGHOUT.

Financial adviser details

Area

Manager

Code

### 2. Eligibility

1. Are you self-employed or a partner acting in some trade, profession or occupation? Yes  No

2. Are you an employed person or the holder of an office of employment? Yes  No

If so, is one or more of your occupations non-pensionable? Yes  No

3. Are you an Irish resident for tax purposes? Yes  No

4. Please give policy numbers of any existing retirement contracts with Irish Life

### 3. New pension plans

Please select which product you require.

Complete Solutions Personal 1  Complete Solutions Personal 2  Pension Term Assurance

### 4. Personal details

Title (Mr/Mrs/Ms)

Gender Male  Female

First names

Last name

Date of birth  /  /

Marital status Married  Single  Widowed  Separated  Divorced

Home address

Previous surname  (if any)

Precise occupation

Chosen retirement age

Country of birth

Current level of earnings or salary €  p.a.

Home phone number

Mobile phone number

Office phone number

E-mail address



**Irish Life**

#### Note

All customers are asked to fill in the eligibility and personal details sections.

#### Note

Your self-employment, employment or occupation must be liable to tax under schedule D or E in the Republic of Ireland.

#### Note

You can choose to retire at any stage between the ages of 60 and 75.

#### Note

Describe your occupation in full

## 5. Fund options

### Low Risk

|                         |                        |
|-------------------------|------------------------|
| Cash Fund               | <input type="text"/> % |
| Capital Protection Fund | <input type="text"/> % |
| Safe Deposit Fund       | <input type="text"/> % |

### Medium Risk

|                                  |                        |
|----------------------------------|------------------------|
| Diversified Cautious Fund        | <input type="text"/> % |
| Fixed Interest Indexed Fund      | <input type="text"/> % |
| Diversified Balanced Fund        | <input type="text"/> % |
| Pension Protection Fund          | <input type="text"/> % |
| Indexed Euro Corporate Bond Fund | <input type="text"/> % |
| Consensus Cautious Fund          | <input type="text"/> % |

### High Risk

|  |                          |
|--|--------------------------|
| Consensus Fund                           | <input type="text"/> %   |
| Consensus Lifestyle (tick if applicable) | <input type="checkbox"/> |
| Bloxham Logic Fund                       | <input type="text"/> %   |
| Diversified Growth Fund                  | <input type="text"/> %   |
| Irish Life Active Managed Fund           | <input type="text"/> %   |
| Pension Property Fund (Irish property)   | <input type="text"/> %   |
| UK Property Fund                         | <input type="text"/> %   |
| Property Portfolio Fund                  | <input type="text"/> %   |
| Eurasia Property Fund                    | <input type="text"/> %   |
| Eurasia Property Plus Fund               | <input type="text"/> %   |
| Irish Life Global Opportunities Fund     | <input type="text"/> %   |
| Global Select 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"/> % |

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 ?

|        |                        |        |                        |        |                        |        |                        |
|--------|------------------------|--------|------------------------|--------|------------------------|--------|------------------------|
| Fund 1 | <input type="text"/>   | Fund 2 | <input type="text"/>   | Fund 3 | <input type="text"/>   | Fund 4 | <input type="text"/>   |
|        | <input type="text"/> % |        | <input type="text"/> % |        | <input type="text"/> % |        | <input type="text"/> % |

### High Risk

|   |                        |
|---|------------------------|
| Tomorrow's World Fund                   | <input type="text"/> % |
| Fidelity Managed International Fund     | <input type="text"/> % |
| Fidelity EMEA Fund                      | <input type="text"/> % |
| Fidelity Global Property Shares Fund    | <input type="text"/> % |
| Fidelity Global Special Situations Fund | <input type="text"/> % |
| Fidelity European Opportunities Fund    | <input type="text"/> % |
| Fidelity India Fund                     | <input type="text"/> % |
| Fidelity China Fund                     | <input type="text"/> % |
| Fidelity India China Fund               | <input type="text"/> % |
| Fidelity MASDF                          | <input type="text"/> % |
| Bloxham High Yield Fund                 | <input type="text"/> % |
| Bloxham Contrarian Fund                 | <input type="text"/> % |
| Bloxham Intrinsic Value Fund            | <input type="text"/> % |
| Bloxham Global Alpha Fund               | <input type="text"/> % |
| Consensus Equity Fund                   | <input type="text"/> % |
| Irish Equity Indexed Fund               | <input type="text"/> % |
| UK Equity Indexed Fund                  | <input type="text"/> % |
| European Equity Indexed Fund            | <input type="text"/> % |
| North American Equity Indexed Fund      | <input type="text"/> % |
| Japanese Equity Indexed Fund            | <input type="text"/> % |
| Pacific Equity Indexed Fund             | <input type="text"/> % |
| Indexed Commodities Fund                | <input type="text"/> % |

Please see your Fund Guide for a list of all funds available.

#### Note

Under Consensus Lifestyles 100% of your contributions will be invested in the Consensus Fund until 5 years prior to your normal retirement age. Your fund will then be invested in a gradual basis to more secure funds.

#### Note

You must select one or more funds under this contract (maximum of ten). Fund information is available from your broker or financial adviser.

#### Note

Transfers out of the Capital Protection Fund may have a Market Value Adjustment applied. This would not be applied if you retire on the plan maturity date, or in certain other circumstances. More information is available from your Financial Advisor.

## 6. Payment details

Regular contribution amount

What date are your contributions to start?  /  /

Frequency of payment:  monthly  quarterly  half-yearly  yearly

Do you want your contributions to increase in line with inflation? Yes  No

Method of regular payment:  direct debit  cheque/cash (annual payments only)

What date do you want the direct debit to take place (1st to 28th of the month)?  /  /

Lump sum contribution amount (by cheque only)

### Note

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

### Note

#### Inflation Protection

If you select this option, your cover will increase by 5% each year and your contribution will increase by 8% each year to reflect the increase in cover.

## 7. Standalone Personal Pension Term Assurance Details

Please specify the amount of cover required and tick as appropriate

Age at which cover should cease  Life cover required €

Inflation Protection Yes  No  Guaranteed Life Cover Again Yes  No

Term assurance contribution €

How often do you wish to make your contribution?  monthly (direct debit)  other, please specify

What date do you want the direct debit to take place (1st to 28th of the month)?  /  /

Please complete medical questions 1-17 in section 8.

### Note

#### Guaranteed Cover Again

At any time up to the end of the term, you have the option to convert to another life cover plan. The exact definition and terms available in the policy document. The option of Guaranteed Life Cover again only applies to a maximum Life Cover of €1 million.

These limits are in respect of the total cover converted across all policies belonging to the life assured.

## 8. Medical Questions

### Person to be covered

1 Please give the name and address of your doctor.

If you have changed doctor in the last year, please give the name and address of your previous doctor as well.

2 Are you currently proposing for life assurance or critical illness cover with this or any other life office? If yes, please complete

|                     |
|---------------------|
| Amount              |
| Type of cover       |
| Offices proposed to |

3 Height and Weight.

|      |        |
|------|--------|
| feet | inches |
|------|--------|

|       |        |
|-------|--------|
| stone | pounds |
|-------|--------|

|     |     |
|-----|-----|
| cms | kgs |
|-----|-----|

or alternatively

4 (a) Have you smoked tobacco of any kind in the past 12 months or do you intend to smoke in the future? YES  NO

(b) Do you consume any other form of tobacco. YES  NO

If YES, please supply details

If you smoked tobacco of any kind in the last 12 months or you intend to smoke in the future, please fill in the following : units per week

Cigarette Smoker  per day

Cigar Smoker  per day

Pipe Smoker Grams  per day

Please include each type of tobacco you consume on a daily basis. A pipe smoker should indicate the number of grams per day. It is our practice to carry out occasional testing to confirm non smoker status.

5 Alcohol consumption (total number of units) per week

Unit Guide: Pint of Beer - 2.0 units, Bottle of Beer - 1.5 units, Glass of Beer - 1.0 units, Measure of Spirits - 1.0 units, Bottle of Wine - 7.0 units, Glass of Wine - 1.0 units.

If you answer 'YES' to any question please give details (including name of condition, dates and medication) in the section entitled "Other Medical Information" overleaf.

6 Have you ever suffered from or had treatment for

(a) heart disorder, stroke, rheumatic fever, high blood pressure or blood disorder? YES  NO

(b) asthma, bronchitis or another lung disorder? YES  NO

(c) multiple sclerosis, numbness, epilepsy, blackouts, paralysis or double vision? YES  NO

(d) kidney or bladder disorder? YES  NO

(e) diabetes or a stomach, liver or bowel disorder? YES  NO

(f) cancer or any other growth or tumour? YES  NO

(g) a mental or nervous disorder? YES  NO

(h) slipped disc, back, arthritic or muscular disorder? YES  NO

(i) disorder of the eyes or ears (other than wearing prescribed glasses or contact lenses)? YES  NO

(j) any other illness, injury or condition for which you have had medical advice in the last five years? YES  NO

- 7 Have you had a surgical operation in the last five years? YES  NO
- 8 Have you in the last five years had or been advised to have any special investigations, blood or laboratory tests? YES  NO
- 9 Are you currently taking prescribed drugs, medicines? YES  NO
- 10 Are you currently unwell or receiving medical mentioned in the answers given above? YES  NO
- 11 Have you ever taken drugs for other than medical purposes? YES  NO
- 12 Have you ever tested positively for HIV or AIDS, Hepatitis B or Hepatitis C or are you waiting for the result of this kind of test? If YES, please supply details. YES  NO
- 13 Have you any intention or prospect of taking part in any kind of dangerous activity as a result of your hobbies or pastimes? If YES, please supply names of hobbies and details. YES  NO
- 14 Have you any future intention of living or travelling outside of the EU, North America, Australia or New Zealand, other than for holidays or have you lived outside these areas in the past for longer than 12 months? If YES, please supply names of countries, reasons for visits and duration of stays. YES  NO
- 15 Have you ever applied to Irish Life or any other insurer and been refused, postponed or accepted on special terms for life cover, disability or illness cover? YES  NO
- 16 Have your parents or any of your brothers or sisters suffered or died from heart disease including cardiomyopathy, stroke, kidney disease, cancer (bowel, breast, ovarian or other), motor neurone disease, multiple sclerosis, Huntington's disease, polycystic kidneys, polyposis of the colon or other hereditary disorder before age 60? Note: If you are adopted please answer "no" to this question. If your relative had cancer, please tell us which part of the body was affected first. YES  NO

|           |          | Condition suffered   | Age when it started  |
|-----------|----------|----------------------|----------------------|
| If living | Father   | <input type="text"/> | <input type="text"/> |
|           | Mother   | <input type="text"/> | <input type="text"/> |
|           | Brothers | <input type="text"/> | <input type="text"/> |
|           | Sisters  | <input type="text"/> | <input type="text"/> |
| If dead   | Father   | <input type="text"/> | <input type="text"/> |
|           | Mother   | <input type="text"/> | <input type="text"/> |
|           | Brothers | <input type="text"/> | <input type="text"/> |
|           | Sisters  | <input type="text"/> | <input type="text"/> |

Other medical information

17. Is there a FAST TRACK UNDERWRITING QUESTIONNAIRE or any other questionnaires accompanying the application form? YES  NO

If YES, please indicate which type of Questionnaire

PLEASE TAKE TIME TO REVIEW YOUR ANSWERS TO THE QUESTIONS.



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