

# Irish Life 50+ Easy Life Cover application form



Irish Life

Please complete this form in BLOCK CAPITALS and in black ink

For office use only

Seller code:

## 1. Personal details (this information should be based on the person covered)

Gender: Male  Female

Title: Mr  Mrs  Ms

First name:

Last name:

Date of birth:  Age:

Phone number

Home:

Work:

Mobile:

Your home address:

Your e-mail address:

Will the owner of this plan (proposer) be different from the life covered? Yes  No

If the plan owner (proposer) is not the person to be covered please complete the following:

Plan owner name

Date of birth  If company - company name:

Address of plan owner

Relationship to life covered

Reason for cover if relationship not husband and wife:

Funeral expenses  Outstanding loans on death  Taxation on death  Other:

Is the plan to be written in trust? YES  NO  If yes, please complete the appropriate trust form.  
A plan cannot be written in trust if the proposer is different to the life assured

## 2. Your regular payments (please see the relevant benefits table provided based on the gender of the person to be covered)

Please tick the box beside the monthly payment you want to make

€15  €20  €30  €45  €55  Other:

## 3. Data Protection Act (the person to be covered should read this section)

The information you provide here may also be used in deciding whether to send your details about other services available from Irish Life that might be of interest to you. If you do not wish to avail of this service, please tick the box:

## 4. DECLARATION UNDER REGULATION 6(3) of the Life Assurance (Provision of Information) Regulations, 2001.

### WARNING

If you propose to take out this policy in complete or partial replacement of an existing 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 adviser.

### Declaration of customer

All customers should tick the relevant box and sign the customer declaration below

No, the policy is not a replacement policy  Yes, the policy is a replacement policy

Existing Policy Number

Your policy will not automatically be cancelled. Please notify your provider if this is required.

### Customer Declaration (Customer to sign as indicated **X**)

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

Signature of Customer (plan owner)

Date

Signature of life covered

Date

### DECLARATION OF INSURER OR INTERMEDIARY

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

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 policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement

Name of insurer or insurance intermediary

Date

## 5. Declaration

### This form is my application for cover under Irish Life's 50+ Easy Life Cover plan conditions.

I understand that my contract(s) with Irish Life Assurance plc (Irish Life) will be based on this declaration and my application form.

I have read over my replies to all the questions in this application form and declare that all details are correct.

I have read and understand the exclusions that apply to the accidental death benefit.

I confirm that I have specified the level of payment I wish to make for this plan. I have read and understand all the information supplied. I understand that as I have not had to disclose any medical information on this plan that the cost of this cover is higher to reflect this.

I understand that cover shall not commence until all of the following events have taken place:

- (i) this application for cover has been accepted by Irish Life,
- (ii) the first premium has been charged to my account.

I authorise Irish Life Assurance plc (Irish Life) 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. Irish Life may hold and process this information for administrative, customer care and service purposes. I agree that my personal data can be disclosed for the above purposes and to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to reinsurers, to health professionals, to any persons with whom the company has a contract as a service provider, to other insurance companies to other companies in the Company's group and to any person to whom the policy may be assigned.

Signature of Customer

Date



## **Direct Debit on reverse**

Address: Irish Life  
Lower Abbey Street  
Dublin 1  
Ireland

Telephone: 01 704 1010  
Fax: 01 704 1900  
Web: [www.irishlife.ie](http://www.irishlife.ie)  
Email: [customerservice@irishlife.ie](mailto:customerservice@irishlife.ie)

In the interest of customer service we will record and monitor calls.  
Irish Life Assurance plc is regulated by the Financial Regulator.