

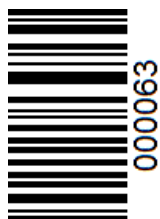
# COMPLETE SOLUTIONS COMPANY PENSION PLAN

## APPLICATION DETAILS

**Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at [www.irishlife.ie](http://www.irishlife.ie) or you can ask us for a copy.**

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.



### Financial Adviser Details

Financial Adviser Name

Financial Adviser Code

**If your Financial Broker or Adviser submits your application electronically Irish Life will only receive a copy of the Declarations section of this form. The original application form will be retained by your Financial Broker of Adviser and not checked by Irish Life.**

### Product Selection

Please tick which product you require:

Complete Solutions Company 1 or Complete Solutions Company 1 Bond

Or

Complete Solutions Company 2 or Complete Solutions Company Bond

### Profile Number

Regular Contribution

Lump Sum

## 1. Personal Details (Employee)

Title (Mr/Mrs/Ms etc)

First Name

Initial (if applicable)

Last Name

Date of Birth



Age Next Birthday

Normal Retirement Age

Gender

Male

Female

Relationship Status

Single

Married

Registered Civil Partner

Separated

Divorced

Widowed

Country of Birth

Nationality

Precise Occupation

Annual Salary (Schedule E only)

PPS Number

Are you a one man company?

Yes

No

If this section is left blank this will delay us processing your application

Must be between the age of 60 and 70

We are obliged to establish your nationality to comply with anti-money laundering requirements

Payslip or P60 required to verify salary

PPS number should contain 7 digits and 1 or 2 letters



## 6. Payment Details (if paying regular contributions by direct debit)

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

Name of Account holder to be debited

## 7. Lump Sum

Employer Lump Sum Amount

Employee Lump Sum Amount

Additional Voluntary Contribution

Total Investment Amount

## 8. Fund Details

You can split your investment between up to 10 funds. Please make sure that the percentages add up to 100%.

	Regular Contribution	Lump Sum Contribution
Global Cash Fund	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
Multi Asset Portfolio Fund 2	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
Multi Asset Portfolio Fund 3	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
Multi Asset Portfolio Fund 4	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
Multi Asset Portfolio Fund 5	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
Multi Asset Portfolio Fund 6	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
Protected Consensus Markets Fund	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
Self-Invested Fund	<input style="width: 100px;" type="text" value="N/A"/>	<input style="width: 50px;" type="text" value="%"/>

### Other Funds - Regular Contribution

### Other Funds - Lump Sum Contribution

<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>

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 choose **ONE** of the following options:

*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

Payment must be made from the Company's account.

Payment must be made by cheque from the Company's account. If there are any exceptions to this please contact us.

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.

Please read your Fund Guide for a full list of the funds available.

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

Please note that mobile number AND email address MUST be provided if you wish to receive online communications (see section 2)

## 9. Your Plan Communication

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

Please tick one option:                      Online                      By paper post

If you do not choose an option we will assume you want to receive communications by paper post.

Do you want the original plan schedule to be sent to your financial adviser (not applicable if plan is taken out through an Irish Life tied agent)?

Yes                      No

You will be notified by text and email when communications are added to your account.

Your plan communications will be securely stored in your personal online account.

**Self Invested Fund trade confirmations are only available online.**

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## 10. Business Replacement (only to be completed if plan is taken out through an Irish Life 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, this plan is replacing an Irish Life plan

Yes, this plan is replacing a plan from another life company

No, this plan is not replacing another plan

Existing Plan Number

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This includes:  
Canada Life  
Progressive Life



# COMPLETE SOLUTIONS COMPANY PENSION PLAN DECLARATIONS

## Proposal Number:

Customer Review Number

Customer Name

Financial Adviser Name

If you submit this proposal electronically you should only send us this section.

Any words in the singular also mean the plural as applicable (e.g. "I" means "we" and "my" means "our" etc.)

## A. Letter of Exchange

By completing the Letter of Exchange the employer sets the pension scheme up in trust for the employee.

Between

("the employer")

And

("the employee")

Date



**Trustee appointment:**

Employer **Or** Other (select other trustee below if appropriate)

Independent Trustee Services \*

DTS Dedicated Trustee Services Ltd \*

\*Notification of this appointment will be issued after the Plan commences. Until notified, the employer will act as trustee. If you do not select 'Other', the employer will be trustee.

### Dear Employee

The employer has decided to offer you the advantages of a Complete Solutions Company Pension Plan (*hereinafter called "the Plan"*).

The Plan commences on the date of this letter ("the commencing date"), and is governed by this letter and the Rules of the Scheme ("the Rules"), a copy of which you will receive.

The Employer establishes the Plan under irrevocable trusts to be administered in accordance with the Rules. This retirement benefits scheme is capable of being treated by the Revenue Commissioners as an exempt approved scheme in accordance with Chapter 1 of Part 30 of the Taxes Consolidation Act 1997 to provide you, the employee, with the relevant benefits as defined therein.

The Plan is an occupational pension scheme and a defined contribution scheme within the meaning of the Pensions Act 1990 and this letter and the Rules shall be construed subject to the provisions of the said Act.

The Scheme is established as a one member arrangement within the meaning of the Occupational Pension Schemes (Investment) Regulations 2006 to 2010 and the Occupational Pension Schemes (Disclosure of Information) Regulations 2006 to 2013. While you have discretion to give instructions as to the investment of scheme resources in accordance with the Rules, the Life Office is not responsible for any instructions you give to the Employer or the Trustee which are not received by the Life Office.

The Plan benefits will be provided by means of an assurance or assurances, under a policy or policies to be issued by Irish Life Assurance plc ("the Life Office") in pursuance of the Application to which this letter is attached and of any subsequent supplementary applications made to the Life Office ("the Applications").

We need this information to match the declaration section to your electronic application

The employer hereby selects and appoints the trustee named above as trustee of the Plan

The trustee will own and is entitled to receive all information on the policy or policies issued by the Life Office in relation to the Scheme. The employer and employee understand and acknowledge that the trustee will process and hold this information for the purposes of issuing and administering all aspects of this contract, including disclosing the data to regulatory authorities, or, as required by law.

The contributions payable towards the assurance or assurances will be contributions made by you (including Additional Voluntary Contributions) and/or the Employer in accordance with the Applications subject always to the Rules.

The employer and the employee expressly consent to the electronic execution of this Letter of Exchange, to the provision of any information in connection with this Letter of Exchange by electronic means, and to the retention and use of the executed Letter of Exchange as an electronic original.

Please acknowledge receipt of this letter by signing below and returning it to the employer.

 Please sign and date

Signature of person duly authorised to sign for and on behalf of the **EMPLOYER**.

Name of authorised person

Position in company

I acknowledge receipt of this letter and understand the contents hereof. I hereby agree to be included in the scheme.

 Please sign and date

Signed **EMPLOYEE**

## B. Revenue 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**  
(this information must also be provided where retirement benefits have already been taken)?      Yes      No

If NO, please go to section C.

If Yes, please complete the rest of this section.

### 1. 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

Name of Life Office

If previous employment

Scheme Name

Name of Life Office

### 2. 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

**3. 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

Employee 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

€

Name of Life Office

If previous employment

Date of leaving service

/

/

Scheme Name

Name of Life Office

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**4. Have you received retirement benefits from any other pension arrangements?**

Yes

No

If Yes provide details

Date benefits were paid?

/

/

For Defined Contribution Schemes, PRSA or Personal Pension benefits:

Total value of pension fund at date of payment

€

For Defined Benefit / Public Sector Schemes:

Gross Retirement Lump Sum (before any tax paid):

€

Annual pension income:

€

a year

Final value of AVCs (if not included in the above amounts):

€

Further pension benefit details (if any)

## C. Employee/Member Plan Declaration

I declare that all the answers to all the questions in this application form (online or otherwise) are in every respect true and correct. Where I have completed my application online, I acknowledge that a copy of my application will be sent to me and agree to notify Irish Life, in writing, if:

- I do not receive the printed record
- Any information in this record is, false, incorrect or incomplete

I hereby agree that the contract proposed with Irish Life Assurance plc (Irish Life) will be based on this application form (online or otherwise), Letter of Exchange in this application form, declarations, together with all terms and conditions furnished by Irish Life.

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).

I acknowledge and agree that Irish Life and/or the Trustee may utilise electronic processes from time to time including, but not limited to, the use of electronic signatures. Irish Life and/or the Trustee may also use manual processes including but not limited to the use of wet ink signatures.

I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.

I confirm that I have read and understood all the above declarations.

Signature



Date



## D. 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 and Letter of Exchange in this application form (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 employee's or the trustee's instructions in accordance with the Plan's Terms and Conditions.

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.

I acknowledge and agree that Irish Life and/or the Trustee may utilise electronic processes from time to time including, but not limited to, the use of electronic signatures. Irish Life and/or the Trustee may also use manual processes including but not limited to the use of wet ink signatures.

I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.

Signature



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

Date



 Please sign and date

 Please sign and date



## E. Optional Consent

### Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt-out of any further sharing by emailing [dataprotectionqueries@irishlife.ie](mailto:dataprotectionqueries@irishlife.ie) or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

Customer	I agree	I don't agree
Employer, and as Trustee if relevant	I agree	I don't agree

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Irish Life Assurance plc is regulated by the Central Bank of Ireland.

Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1. T: 01 704 1010 • F: 01 704 1900





## Your Irish Life Plan Details

Please complete **all** the fields in this Section

Plan Number(s)

If this mandate is to cover more than 3 plans, please attach separate instructions.

Name of Plan Owner(s)

Direct Debit collection date \_\_\_\_\_ of the month (1st to 28th only)

Payment frequency      Monthly                      Quarterly                      Half Yearly                      Yearly

# SEPA DIRECT DEBIT MANDATE

Please complete all the fields below marked \* and return this mandate to Irish Life

## Name and address of the payer:

\* Name(s) of Account Holder(s)

Address of Account Holder(s)

BIC

\* IBAN

Your BIC and IBAN can be found on a recent bank statement

\* Signature(s)

\* Date of signing      /      /

Please sign and date

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

## For Office Use only

UMR

Creditor Identifier

IE30ZZZ303587

Type of payment

Recurrent

Creditor's name and address

IRISH LIFE ASSURANCE PLC  
LOWER ABBEY STREET  
DUBLIN 1

Information is correct as of 15/10/20 and is subject to change.