

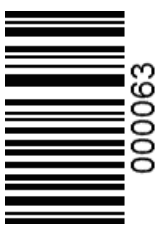
COMPLETE SOLUTIONS COMPANY PENSION PLAN

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 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

Must be between the age of 60 and 70

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

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

2. Contact Details (Employee)

Address

County

Contact phone numbers Home
Mobile

Email address

Please note that mobile number AND email address MUST be provided if you wish to receive online communications.

3. Employer & Employment Details

Name of Employer

Company Registered Number (if applicable)

Address for correspondence

Employer contact name

Employer contact phone number

When did this employment start? / /

Does the employee alone, or together with his or her spouse and/or minor children, directly or indirectly own or control more than 20% of the voting rights of the employer? Yes No

Employers tax reference number should contain 7 digits and 1 or 2 letters

Employers tax reference number -

4. Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP

Are you or any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner (or have been within the last 12 months), a PEP or RCA? Yes No

If Yes, please complete the Politically Exposed Person (PEP) or Relative or Close Associate (RCA) Supplementary Form. An explanation of these terms is provided in Supplementary Form

5. Contribution Details

Employer Contribution

Employee Contribution

AVC Contribution

Total Investment amount

How are regular contributions to be made Direct Debit Cheque

Cheques for regular contributions can only be made when contributions are made on a yearly basis and exceed €3,000

Payment frequency Monthly Quarterly Half Yearly Yearly

If direct debit contributions are chosen, what day of the month would you like direct debits taken?

(1st to the 28th of the month only)

Do you want inflation protection? Yes No

(Contributions will increase in line with inflation or at a rate set by Irish Life (currently, this is 5% per annum) whichever is higher. This increase will take place on the yearly anniversary date of the plan.)

On what date do you want your plan to commence? / /

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 type="text"/> | <input type="text"/> |
| Multi Asset Portfolio Fund 2 | <input type="text"/> | <input type="text"/> |
| Multi Asset Portfolio Fund 3 | <input type="text"/> | <input type="text"/> |
| Multi Asset Portfolio Fund 4 | <input type="text"/> | <input type="text"/> |
| Multi Asset Portfolio Fund 5 | <input type="text"/> | <input type="text"/> |
| Multi Asset Portfolio Fund 6 | <input type="text"/> | <input type="text"/> |
| Protected Consensus Markets Fund | <input type="text"/> | <input type="text"/> |
| Self-Invested Fund | N/A | <input type="text"/> |

Other Funds - Regular Contribution

| | |
|----------------------|----------------------|
| <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"/> |

Other Funds - Lump Sum Contribution

| | |
|----------------------|----------------------|
| <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"/> |

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

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.

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 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)

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.

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?

This includes:
Canada Life
Progressive Life

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

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.

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

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 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

X

Please sign and date

Date

dd / mm / yyyy

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



Signature

X

Please sign and date

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

Date

dd / mm / yyyy

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 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

Trustee

I agree

I don't agree

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



Please sign and date

* Signature(s) * Date of signing / /

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 I E 3 0 Z Z Z 3 0 3 5 8 7

Type of payment Recurrent

Creditor's name and address

IRISH LIFE ASSURANCE PLC

LOWER ABBEY STREET

DUBLIN 1

Information is correct as of 01/05/2018 and is subject to change.