

2. Contact Details

Address

County

Contact phone numbers Home
Mobile

Email address

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

3. 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

4. Contribution Details

In ALL cases a Source of Investment Certificate must be completed by the Insurance Company, QFM, PRSA provider or Trustee(s) transferring the money. Please submit a Source of Investment Certificate for completion direct to the relevant institution, together with their completed claim documentation.

Total Fund € —

Complete Solutions AMRF 1 € Complete Solutions AMRF 2 €

Complete Solutions ARF 1 € Complete Solutions ARF 2 €

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

5. Fund Details

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

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.

	AMRF	ARF
Global Cash	<input type="text" value=""/>	<input type="text" value=""/>
Retirement Portfolio Fund 2	<input type="text" value=""/>	<input type="text" value=""/>
Multi Asset Portfolio Fund 2	<input type="text" value=""/>	<input type="text" value=""/>
Retirement Portfolio Fund 3	<input type="text" value=""/>	<input type="text" value=""/>
Multi Asset Portfolio Fund 3	<input type="text" value=""/>	<input type="text" value=""/>
Retirement Portfolio Fund 4	<input type="text" value=""/>	<input type="text" value=""/>
Multi Asset Portfolio Fund 4	<input type="text" value=""/>	<input type="text" value=""/>
Retirement Portfolio Fund 5	<input type="text" value=""/>	<input type="text" value=""/>
Multi Asset Portfolio Fund 5	<input type="text" value=""/>	<input type="text" value=""/>
Multi Asset Portfolio Fund 6	<input type="text" value=""/>	<input type="text" value=""/>
Other Funds		
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

6. Cash Withdrawal and Minimum Withdrawal amounts for ARF

Please Note: Due to the imputed distribution requirement, Irish Life will deduct a minimum withdrawal from the value of the ARF during December each year. This is automatically deducted from your ARF and paid to you net of income tax, PRSI and the Universal Social Charge (USC).

The minimum withdrawal will be

- 4% from the year you turn 61 (or 60 if your birthday is 1st January)
- 5% from the year you turn 71 (or 70 if your birthday is 1st January)
- 6% from the year you turn 61 (or 60 if your birthday is 1st January) and the total value of your ARFs and vested-PRSAs (less restricted fund) is over €2 million.

It is your responsibility to let us know if you have other ARFs and vested PRSAs with a total value greater than €2 million. For more information please see your product booklet or speak to your financial adviser.

Optional Regular Withdrawal – ARF only

You can choose to take a regular withdrawal from your ARF, however you must choose at least a minimum withdrawal amount as described above. If you wish to take a regular withdrawal from your ARF please indicate below the annual withdrawal you would like to draw down as a percentage of the value of your fund. We will pay the net amount to the account you have provided below.

If at any point after taking out your AMRF you satisfy the guaranteed income for life requirement of €12,700 per year (currently) from other sources your AMRF will become an ARF and tax will be due on a minimum withdrawal amount as described above. **It is your responsibility to let us know if your income circumstances have changed. Your AMRF also becomes an ARF when you are aged 75.**

4% 5% 6% 7% 8% 9% Other (Max 15%) %

Would you like this withdrawal to be paid:

Monthly Quarterly Half yearly Yearly

Regular Withdrawals to start (dd/mm/yyyy) / /

Customer Name

Customer Bank Identifier Code (BIC)

IBAN

7. 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.

8. Eligibility for ARF

Please answer the following questions if you are taking out an ARF. If you cannot answer 'Yes' to at least one of the four questions below, you must pay €63,500 (or such lesser amount where the fund is less than €63,500) into an Approved Minimum Retirement Fund.

Yes I have used or I am in the process of using at least €63,500 of my pension fund to invest into an Approved Minimum Retirement Fund (including this application) or to purchase a pension for life, from Irish Life or another provider.

Please attach written confirmation from Qualifying Fund Manager or Insurance Company with this application. Alternatively, please supply the following details and Irish Life will contact the Qualifying Fund Manager or Insurance Company for confirmation of this.

Name of Provider

Address of Provider

Policy or Reference Number

Amount Paid

Yes I have a guaranteed income for life of at least €12,700 per annum, including state pension entitlements.

Please attach proof of income e.g. copy payment advices, letter from administrator, annuity schedule, etc. Examples of a guaranteed pension for life include a personal annuity or the State Pension (Contributory).

Yes I am aged over 75 - Please provide proof of age e.g. copy birth certificate, copy of passport, etc.

Yes I have inherited these funds following the death of the original ARF/AMRF investor.

Yes These funds are a transfer from my former spouse's ARF as a result of a property adjustment order.

Guaranteed income for life and AMRF amounts are as per current legislation.

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



ARF/AMRF PLANS DECLARATIONS

IT IS IMPORTANT THAT YOU FILL IN THESE DETAILS as we need this information to match the declaration section to your electronic application

Proposal Number

Customer Name

Financial Adviser Name

If you submit this proposal electronically up 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. Declaration under Regulation 6(3) of the Life Assurance (Provision of Information) Regulations 2001

WARNING

If you propose to take out this plan in complete or partial replacement of an existing plan, please take special care to satisfy yourself that this plan meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing plan. If you are in doubt about this, please contact your insurer or Financial Adviser.

Please complete this section by ticking the appropriate box:

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

Declaration of Insurer/Financial Adviser

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

(Customer name and address)

has been provided with the information specified in Schedule 1 (Customer Information Notice) to those Regulations and that I have advised the customer as to the financial consequences of replacing an existing plan with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement.



Signature of Financial Adviser

X

Please sign and date

Date (dd/mm/yyyy)

Declaration of Customer

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



Signature of customer

X

Please sign and date

Date (dd/mm/yyyy)

B. Declaration under section 784B and 784D Taxes Consolidation Act 1997

I the undersigned hereby declare that

1. I am beneficially entitled to the money and/or assets that are being transferred to the Approved Retirement Fund and/or Approved Minimum Retirement Fund.
2. The full amount of the money and/or assets being transferred is being transferred by virtue of the exercise of the option available to me under S772(3A), S784(2A) or S787K(1) of the Taxes Consolidation Act 1997, and/or was previously held in an Approved Retirement Fund/Approved Minimum Retirement Fund in my name or in the name of my spouse.

C. Plan Declaration

I undertake to provide Irish Life with any information required to administer my policy/policies.

I understand that my investment will not begin until Irish Life have received and accepted my investment, the signed declarations in this application form, my application form completed (online or otherwise), and any other documentation or information requested.

I understand that my application for investment is based on Irish Life's standard terms subject to any variation from these proposed on my behalf by my Financial Adviser which may be accepted or rejected by Irish Life.

I understand that Irish Life is required to deduct tax from any payments to me. I understand that if Irish Life has not received the appropriate tax free allowance certificate or tax deduction card from the Revenue Commissioners in respect of my ARF/AMRF, then tax will be deducted at the higher rate of tax from ARF/AMRF payments and under the emergency system for pension products.

I authorise any insurance provider, pension scheme trustee or qualified fund manager to provide Irish Life with details of any pension annuity being paid to me and any Approved Minimum Retirement Fund held by me.

I further declare that all of the answers in my application form (online or otherwise) are in every respect true and correct and I agree that the contract proposed between me and Irish Life Assurance plc will be based on this application and declaration.

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 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.



Please sign and date

Signed (signature of customer)

X

Date (dd/mm/yyyy)

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D. Additional Trustee Declaration (for Transfers from Company Pension Arrangements and AVC Schemes only)

The trustee needs to sign over the investment if the initial investment is from a Company pension plan, AVC pension plan, or any pension arrangement where there is a trustee.

I request that an AMRF and/or ARF be issued in the name of the employee in accordance with the details set out above.

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

Name of Trustee

Signature

Duly authorised to sign for and on behalf of the trustees

Date (dd/mm/yyyy)

Scheme Name

Revenue Approval Number

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

 Please sign and date





F. Source of Investment Certificate Approved Retirement Fund (ARF)

This certificate is required in accordance with Section 784B of the Taxes Consolidation Act 1997

Section 1 Approved Retirement Fund (ARF) investment

Customer's details

Name

Address

Date of Birth / /

Proposed amount to invest €

Proposal Number

Name of existing insurance company or qualifying fund manager or other source

To be filled in by the insurance company, qualifying fund manager, PRSA provider. Give details of the assets being used for this investment. Trustee of occupational pension schemes also fill this form in.

Section 2 Source of Investment

Is the proposed investment amount being provided from an existing Approved Retirement Fund or Vested PRSA?

Yes No

If the answer is 'Yes' please confirm the gross value of all income drawdowns taken in the current tax year from the transferring ARF or Vested PRSA. If no income drawdown has been taken in the current tax year please confirm the amount as 'Nil'.

€

If the answer is 'No', please describe where the investment is coming from, for example, a Retirement Annuity Contract, PRSA, Company Pension Plan, AVC Plan, Personal Retirement Bond (buy-out bond) or self-administered pension scheme.

If the proposed investment is coming from a Company Pension plan, please confirm the name of the Company Pension Scheme the investment is being transferred from.

Is this transfer as a result of a property adjustment order?

Yes No

If Yes, please provide a copy of the property adjustment order.

We confirm that:

- the proposed investment amount to which this certificate relates comprises of assets to which the individual named above is beneficially entitled; and
- the assets to which this certificate relates do not form part of an Approved Minimum Retirement Fund (AMRF) within the meaning of Section 784C of the Taxes Consolidation Act 1997; and
- the assets to which this certificate relates derive from an approved source within the meaning of Section 784B of the Taxes Consolidation Act 1997.

Block Capitals

Name



Signature

Please sign and date

Date (dd/mm/yyyy)

/ /

Position

Insurance Company/QFM/Other





F. Source of Investment Certificate Approved Minimum Retirement Fund (AMRF)

This certificate is required in accordance with Section 784D of the Taxes Consolidation Act 1997

Section 1 Proposed Approved Minimum Retirement Fund (AMRF) Investment

Customer's details

Name

Address

Date of Birth

Proposed amount to invest €

Proposal Number

Name of existing insurance company or qualifying fund manager or other source

To be filled in by the insurance company, qualifying fund manager, PRSA provider. Give details of the assets being used for this investment. Trustee of occupational pension schemes also fill this form in.

Section 2 Source of Investment

Is the proposed investment amount being provided from an existing Approved Minimum Retirement Fund or Vested PRSA?
Yes No

If the answer is 'Yes' please confirm the gross value of all income drawdowns taken in the current tax year from the transferring AMRF or Vested PRSA. If no income drawdown has been taken in the current tax year please confirm the amount as 'Nil'.

€

And please confirm the gross amount contributed to the transferring AMRF €

If the answer is 'No', please describe where the investment is coming from, for example, a Retirement Annuity Contract, PRSA, Company Pension Plan, AVC Plan, Personal Retirement Bond (buy-out bond) or self-administered pension scheme.

If the proposed investment is coming from a Company Pension plan, please confirm the name of the Company Pension Scheme the investment is being transferred from.

Is this transfer as a result of a property adjustment order? Yes No

If Yes, please provide a copy of the property adjustment order.

We confirm that:

- the proposed investment amount to which this certificate relates comprises of assets to which the individual named above is beneficially entitled; and
- the assets this certificate relates to come from an approved source within the meaning of Section 784D of the Taxes Consolidation Act 1997.

Block Capitals

Name



Signature

Please sign and date

Date dd/mm/yyyy

Position

Insurance Company/QFM/Other

Information is correct as of February 2020 and is subject to change.