



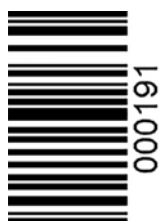
# PINNACLE

## APPLICATION FORM

**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.**

### 1. Plan Owner Details (as applicable)

#### 1(a). Personal Plan Owner 1

Title (Mr/Mrs/Ms etc)

First Name  Initial

Last Name

Date of Birth  /  /  Age Next Birthday

Gender Male  Female

Country of Birth

Nationality

Precise Occupation

PPS Number  -

Address 1\*

Address 2

Address 3

County

Home Number

Mobile Number

Email Address

*\*If you choose to receive plan communications by paper post, the address of the 1st plan owner will be used for this purpose.*

#### 1(b). Personal Plan Owner 2

Title (Mr/Mrs/Ms etc)

First Name  Initial

Last Name

Date of Birth  /  /  Age Next Birthday

Gender Male  Female

Country of Birth

We are obliged to establish your Nationality to comply with Anti Money Laundering requirements

PPS number should contain 7 digits and 1 or 2 letters

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

We are obliged to establish your Nationality to comply with Anti Money Laundering requirements

Nationality

Precise Occupation

PPS Number

Address 1

Address 2

Address 3

County

Home Number

Mobile Number

Email Address

PPS number should contain 7 digits and 1 or 2 letters

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

**1(c). Controlling Interest - Personal Plan Owner**

Are you taking out this plan on your own behalf? Yes  No

If not, please fill in the following details:

Name of other party

Relationship or connection to you

Please also answer relevant Foreign Tax Residency questions in Section 3.

**1(d). Irish Life Trust**

Is this plan issued in Trust with Irish Life? Yes  No

If yes, has the appropriate Irish Life Trust form been completed? Yes  No

If yes, please provide the following details:

Date of Deed  /  /

Title of Appointer (Mr/Mrs/Ms etc)

First Name of Appointer

Last Name of Appointer

Address 1

Address 2

Address 3

County

Contact Number

Please also answer relevant Foreign Tax Residency questions in Section 3.

**1(e). Company Plan Owner**

Registered Name

Trading Name (if any)

What Type of Company/Entity is this

Tax Number

Address 1

Address 2

Address 3

County

Contact Number

Email Address

Names of Shareholders with 25% or more shareholding (if any)

Is the company resident for tax purposes in the U.S.? Yes  No

Please also answer relevant Foreign Tax Residency questions in Section 3.

**1(f). Other Plan Owner Type (Trust/Charity etc)**

Type of Owner

Plan Owner Name

Tax Number

Address 1

Address 2

Address 3

County

Contact Number

Email Address

Trustee/Authorised Signatory Names:

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**2. Life Assured Details (if different from Plan Owner)**

**2(a). Life Assured 1**

Title (Mr/Mrs/Ms etc)

First Name  Initial

Last Name

Date of Birth  /  /  Age Next Birthday

Gender Male  Female

Address 1

Address 2

Address 3

County

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**2(b). Life Assured 2**

Title (Mr/Mrs/Ms etc)

First Name  Initial

Last Name

Date of Birth  /  /  Age Next Birthday

Gender Male  Female

Address 1

Address 2

Address 3

County

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### 3. Foreign Tax Residency

#### For Individual Plan Owners, Trustees, Beneficiaries, Appointors or Settlers

Are you resident in the U.S. for tax purposes or are you a U.S. citizen? Yes  No

Are any of the plan owners, trustees or beneficiaries resident for tax purposes anywhere other than the Republic of Ireland or the U.S.? Yes  No

**If yes to either of above question then please provide details in section 3(a)**

#### For Entities or Trusts (where sections 1(d), 1(e) or 1(f) have been completed)

##### What type of company is this?

1) Financial Institution (including a professionally managed trust) Yes  No

2) Registered Irish Pension Fund Yes  No

3) Registered Irish Charity Yes  No

**If you have answered Yes to any of above then please complete section 3(a)**

4) Actively Trading Company - Non financial institution Yes  No

5) Non Trading Investment Body Yes  No

**If you have answered Yes to either of above then please complete the relevant Tax Status Declaration Form**

#### 3(a). Foreign Tax Resident Details (if applicable)

Please list the person's details and the country or countries in which they are resident for tax purposes, together with any tax identification numbers ('TIN') if relevant.

Name	Plan Relationship	Country of Birth	Country of Tax Residency /Incorporation	Tax Identification Number \ GIIN \ Charity Tax Number

Financial Institutions in Ireland are required under legislation to seek answers to questions or purposes of identifying accounts, the details of which are reportable to Irish Revenue for onward transmission to tax authorities in other jurisdictions.

The legislation incorporates the U.S. Foreign Account Tax Compliance Act (FATCA) and the organisation for Economic Cooperation and Development (OECD) Common Reporting Standard (CRS).

Please note that we reserve the right to request additional information or documentary evidence to support your declaration

Any acceptance and investment of your premium may be delayed should we have reason to doubt any of the information provided above.

**Should any information provided change in the future, please ensure you advise us of the changes promptly.**

*If you require further information on the Common Reporting Standard please refer to the AEOI (Automatic Exchange of Information) webpage on Revenue.ie*

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

Are you or any of the Beneficiaries, Trustees, Settlers, Appointors 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 provide GIIN Number in section 3(a)

If Yes please provide Revenue Charity Tax Exemption number in section 3(a)

For an entity, insert company name and details.

Insert country of incorporation of the entity in brackets where different from country of tax residency.

Please complete a Foreign Tax Residency Supplementary form for any additional tax residencies.

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. Payment Details

### 5(a). Regular Payments

You must invest a minimum of €250 a month

How much do you wish to invest ?

Government Levy Amount

Total Amount

Payment Start Date

Payment Collection Date (1st to 28th only)

Payment Frequency

every month

every three months

every six months

every year

Do you wish to index your payments?

Yes

No

If you index your payments, they will increase each year in line with inflation (minimum of 5%).

### Source of Funds Details for Regular Payments\*

Please give details of account drawn from:

Customer (Debtor) Name

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

*\*Please also complete SEPA Direct Debit Mandate*

**Note:** A lump sum can not be accepted without regular contributions being made. Please attach a cheque if making a single lump sum payment.

### 5(b). Single Lump Sum Payment - Optional

Single Payment Amount (minimum €650.00)

Is this amount inclusive of the Government Levy?

Yes

No

Total Amount

### Source of Funds Details for Single Lump Sum Payment (if different from the above)

Personal cheque from plan owner(s) bank account

Yes

No

Encashment /Maturity proceeds of existing Irish Life plan

Yes

No

Please give details of account drawn from (if different from above):

Customer (Debtor) Name

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

Please give details of existing Irish Life plan:

### 5(c). Source of Wealth Details (to be completed for Single Lump Sum Payment only)

Salary, bonus or regular savings

Yes

No

Proceeds from maturity / encashment of plan with another life company

Yes

No

Early retirement or redundancy payment

Yes

No

Inheritance

Yes

No

Proceeds from the sale of investments or other assets

Yes

No

Windfall / compensation payments

Yes

No

Proceeds from maturity / encashment of Irish Life plan

Yes

No

Other (please specify):

The current government levy on life assurance payments is 1%. We will pay this out of the money received from you.

The current government levy on life assurance payments is 1%. We will pay this out of the money received from you.

## 6. Fund Details

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

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/myonlineservices](http://www.irishlife.ie/myonlineservices) to see the most up-to-date fund information.

Global Cash Fund	<input type="text"/>	%
Multi Asset Portfolio Fund 2	<input type="text"/>	%
Multi Asset Portfolio Fund 3	<input type="text"/>	%
Multi Asset Portfolio Fund 4	<input type="text"/>	%
Multi Asset Portfolio Fund 5	<input type="text"/>	%
Multi Asset Portfolio Fund 6	<input type="text"/>	%
Strategic Asset Return Fund	<input type="text"/>	%
Protected Consensus Markets 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"/>	%
<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	%

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## 7. Fund Switch Authority

If your plan is jointly owned, please tick this box to allow either owner the authority to switch funds

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Please refer to relevant Fund Guide for the full range of funds available on this plan.

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## 8. Your Plan Communications

How would you like to receive your planned communications from us? (Welcome packs, letters and regular statements)  
Please tick one option:

Online  By paper post

Your plan communication will be securely stored in your personal online account at [www.irishlife.ie](http://www.irishlife.ie)

You will be notified by text and email when communications are added to your account (using the contact details provided under section 1)

If you do not choose an option we will assume you want to receive communications by paper post which will be sent to the first Plan Owner's address.

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# SAVINGS AND INVESTMENT PLANS DECLARATIONS

**Proposal Number:**

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

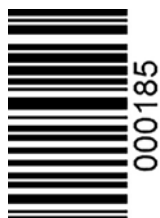
Customer Review Number

Plan Owner 1

Plan Owner 2

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. 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 insurance adviser.

Please complete this section by ticking the appropriate box:

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

**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.

 Please sign and date

Signature of Financial Adviser  Date  /  /

**Declaration of Customer:**

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

 **SIGN HERE**  
 Please note that if you are signing on behalf of a company you should precede your signature with "for and on behalf of 'company name'..."

Plan Owner 1  Date  /  /

Plan Owner 2  Date  /  /

## B. Plan Declaration

I acknowledge and understand that my investment will not begin until Irish Life Assurance plc has received and accepted a fully completed application form (online or otherwise), any other documentation or information requested and the first plan payment. 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 understand that this declaration together with the other declarations I have given in this application is my application and will form the basis of any contract accepted by Irish Life Assurance plc. I understand and agree that my contract with Irish Life Assurance plc will be based on:


- The declarations in this application
- All personal details given by me, and which will be recorded on my Plan Schedule
- The plan terms and conditions
- Payment of the agreed premium(s)

If I have answered 'no' to the FATCA questions in this application then by signing this form I confirm that there are no US citizens or residents in the US for tax purposes connected with this plan.

I certify that I have provided details of all of the countries in which I or other persons identified are resident for tax purposes along with the relevant Tax Identification Numbers. I acknowledge that the information contained in this form and other information that I may be required to submit to Irish Life may be provided to Revenue and that Revenue may exchange this information with the Tax Authorities in other countries in which I or other persons identified may be tax resident in.

I undertake to advise Irish Life of any change in circumstances that affect my tax residency or that of the other persons identified or causes the information herein to become incorrect and to provide Irish Life with a suitably updated self-certification and Declaration of such change of circumstances.

- I confirm I have received the plan booklet.
- I confirm that I received the relevant Key Information Document(s) in good time before I made my investment decision.
- I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.

 SIGN HERE  
Please note that if you are signing on behalf of a company you should precede your signature with "for and on behalf of 'company name'..."

Plan Owner 1	<input checked="" type="checkbox"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan Owner 2	<input checked="" type="checkbox"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Life Assured Signature (if different to Plan Owners)</b>									
Life Assured 1	<input checked="" type="checkbox"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life Assured 2	<input checked="" type="checkbox"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## C. 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.

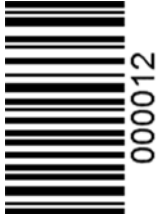
You can change your mind at any time and opt-out of any further sharing by emailing [dataprotectionqueries@irishlife.ie](mailto:dataprotectionqueries@irishlife.ie) or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

Plan Owner 1	I agree <input type="radio"/>	I don't agree <input type="radio"/>
Plan Owner 2	I agree <input type="radio"/>	I don't agree <input type="radio"/>

### If different to Plan Owner

Life Assured 1	I agree <input type="radio"/>	I don't agree <input type="radio"/>
Life Assured 2	I agree <input type="radio"/>	I don't agree <input type="radio"/>





### 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.