



COMPLETE SOLUTIONS PERSONAL RETIREMENT BOND APPLICATION FORM

Before you give us your personal information please note that Irish Life has a 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

Profile

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. Personal Details

Title (Mr/Mrs/Ms etc)

First Name Initial (if applicable)

Surname

Date of Birth (dd/mm/yyyy) / / Age Next Birthday

Gender Male Female

Relationship Status Single Married Widowed Separated
Divorced Registered Civil Partner

Country of Birth

Country of Nationality

Previous Surname (if any)

PPS Number

Occupation

Country of Residence

Are you resident in Ireland for tax purposes? Yes No

We are obliged to establish country of birth and nationality to comply with anti-money laundering requirements

PPS number should contain 7 digits and 1 or 2 letters

2. Contact Details

Address 1

Address 2

Address 3

County

Home Phone Number

Mobile Phone Number

Email Address (if applicable)

3. Employer Details

Is this a transfer from an existing PRB? Yes No

What is the original source of this payment?

Company pension scheme-DB Company pension scheme-DC

Transferring scheme details: Date employment began / /

Transferring scheme details: Date scheme service/employment ended / /

Have you on your own, or with your spouse and/or minor children, directly or indirectly owned or controlled more than 5% or more than 20% of the voting rights of the employer. No Over 5% Over 20%

This is not applicable if a 20% director

If no, what was the member's final salary €

For 20% directors only. We need evidence of salary for example P60 or accountants report

If yes, the member's highest three consecutive salaries in the last 10 years €

€

€

4. Premium Details

Name of Life Office

Plan Reference

Value of employer contributions €

Value of employee contributions €

Value of AVC contributions €

We will confirm the details of the existing PRB with the relevant life office from these details

If we do not receive a breakdown of the contribution amount, we will treat it all as employer contributions. Retirement / death benefits will be paid accordingly

5. Benefit Details

Scheme normal retirement age

Name of trustees of Originating Pension Scheme

Name of Original Employer

Is there a Pension Adjustment Order (PAO) granted against this contribution? Yes No

Does any of this contribution contain benefits relating to a previous employment / pension scheme? Yes No

6. Fund Details

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

Global Cash Fund %

Multi Asset Portfolio Fund 2 %

Multi Asset Portfolio Fund 3 %

Multi Asset Portfolio Fund 4 %

Multi Asset Portfolio Fund 5 %

Multi Asset Portfolio Fund 6 %

Protected Consensus Markets Fund %

Self-Invested Fund %

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.

Other Funds

	%
	%
	%
	%
	%
	%

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.

Self Invested Funds Trade Confirmation are only available online

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 complete:

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 ARF at retirement through the ARF Lifestyling Strategy
- I am funding for an Annuity at retirement through the Annuity Lifestyling Strategy
- I am funding for an ARF at retirement through the ARF Investment Lifestyling Strategy

7. Revenue Details

Name of Pension Scheme

Revenue Reference Number

Pension Authority Registration Number

Has the member irrevocably waived their right to a retirement lump sum as a result of a redundancy payment? Yes No

Is the PRB to pay for a retirement lump sum? Yes No

Do the trustees request that a spouse / civil partner pension be provided from this PRB in the event of the member's death after retirement? Yes No

Does the member/customer have any pension benefits from current or previous employment? Yes No

If Yes, please provide further details

If Yes, Irish Life may require further information before we can proceed with this application.

Has the member/customer received any pension benefits on leaving any employment?

Yes No

If Yes, please provide further details

8. 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.

9. 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

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

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

PERSONAL RETIREMENT BOND PLAN DECLARATIONS

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.

Ref. Plan Number

Please complete this section by ticking the appropriate box:

Yes, this plan is replacing an Irish Life, Canada Life or Progressive Life plan

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

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.

 Please sign and date

Signature of Customer

Date

B. Trustee Declaration

Only to be completed if the contribution is coming from a pension scheme

I declare that the information given in this application form (online or otherwise) is complete and correct and request that a Personal Retirement Bond (PRB) be issued in the name of the member in accordance with the details set out above.

I confirm that:

- The pension scheme is (or is intended to be) exempt approved for the purposes of the Taxes Consolidation Act 1997..
- The plan documentation empowers the trustees to purchase the PRB for the member instead of the benefits for or in respect of the member under the plan.

I agree to any future endorsements that may be required to allow a switch between any versions under the plan even though such switches may not now be possible under the current terms of the policy.

I acknowledge that Irish Life Assurance plc will provide only the benefits purchased under these bonds and will accept no further responsibilities in relation to the member and his/her dependents.

I declare that the member shall be entitled to request a transfer payment in accordance with the Terms of the PRB, to another scheme instead of the provision of benefits under the PRB.

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

Duly authorised to sign for and on behalf of the trustees.

Block Capitals

Name



Signature

Please sign and date

Date

C. Member/Customer 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 will be based on this application form (online or otherwise) and declarations. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997.

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.

Member/Customer Signature

Date

D. 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
