

Complete Solutions Investment Only Plan for Self Administered Schemes

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.

1. Financial Adviser Details

Financial Adviser Name

Financial Adviser Code

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Proposal Number

Proposal Date

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 or Adviser and not checked by Irish Life.

You may only pay by cheque where the payment is a single premium or is being made annually and the annual payment exceeds €3,000. Cheques should be made payable to Irish Life Assurance plc.

The amount you wish to invest should be based on the frequency you wish to make payments.

*This date must be between 1st and 28th of the month. For direct debits to be combined, all direct debit dates must be the same.

Contributions will increase in line with inflation or a rate set by Irish Life (at present 5% p.a.) whichever is higher.

2. Payment Details

What regular contributions are to be invested? €

On what date are your payments to start?

Payment frequency

(how often you wish to make payments?) Monthly Quarterly Half yearly Annually

What day of the month would you like direct debits taken?(1st to the 28th of the month only)

Do you want your regular payments to increase in line with inflation? Yes No

What lump sum amount is to be invested? €

How are payments to be paid? Direct Debit Cheque

Will direct debits be paid from a third party bank account? Yes No

3. Business Replacement

(To be completed if pension product is provided through an Irish Life Financial Adviser or tied agent.)

Does this proposal 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 No

If this is answered YES, please complete a Business Replacement Summary Form

Under the Occupational Pension Schemes (Investment) Regulations, 2006, trustees cannot invest more than 50% of the scheme's assets in unregulated markets unless the scheme is established as a one-member arrangement which allows that member the discretion to choose their own investments. Property is an example of an unregulated market.

4. Fund Details

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

	%	Other Funds	%
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	%		%
Strategic Asset Return Fund	%		%
Protected Consensus Markets Fund	%		

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.

As this plan is linked to a Self-administered Pension Scheme, Irish Life Retail cannot act as Registered Administrator as defined in the Pensions Act, 1990 as amended.

5. Scheme Details

Is the scheme (from which payments are being transferred):

- a) A self-administered Scheme? Yes **OR** b) A small self-administered Scheme? Yes
- Both a) and b) above must be a scheme that has been approved by the Revenue as a self administered pension scheme (SAPS). If the scheme is a small SAPS, this application form should be signed by the Pensioner Trustee and one other Trustee. The small SAPS should follow special requirements set out by the Revenue in relation to same.

Name of Scheme

Address for Correspondence

Name of Employer

Address for Employer
(including associated employers)

Name of Member

Revenue Reference Number

Date Scheme Approved

Is this scheme a defined contribution scheme* **OR** a defined benefit scheme*

*As defined under the Pensions Act, 1990 as amended.

Do the rules of the above -named scheme allow for funds to be invested in this insurance policy? Yes No

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Complete Solutions Investment Only

Profile	IC	RC	TC	PC	Tickbox
1	5%	5%	0%	0%	
2	4%	4%	0%	0%	
3	3%	3%	0%	0%	
4	2%	2%	0%	0%	
5	1%	1%	0%	0%	
6	0%	0%	0%	0%	
or					

Investment Only Plan for Self Administered Pension Schemes (SAPS)

Declarations

Financial Adviser

Proposal Number

Customer 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. Trustee Declaration

I declare that all the answers to the questions in this form are answered honestly and with reasonable care. I understand that this declaration together with other declarations I have given in this application are material to the decision of Irish Life Assurance. I declare that I have applied for the product named on this application and agree to the specific conditions contained in the policy terms and conditions. I declare that the self-administered pension scheme, named above, is an exempt approved scheme and has been approved by the Revenue Commissioners under Chapter 1, Part 30 of the Taxes Consolidation Act 1997. I declare that I am the trustee of the named pension scheme.

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

To be signed by the Pensioner Trustee (if small SAPS):

Trustee Company Name (BLOCK)

Person Authorised to sign on behalf of trustee company (BLOCK) Status

Signature

Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper

Address

Date

To be signed by Trustee other than the Pensioner Trustee (if applicable):

1st Trustee

Trustee Name (BLOCK)

Name of person authorised to sign

Status

Signature

Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper

Address

Date

If the scheme is a small SAPS, a pensioner trustee and one other trustee must sign. If the scheme is not a small self-administered pension scheme, two trustees must sign.

Please sign and date

Please sign and date

2nd Trustee

Trustee Name (BLOCK)

Name of person authorised to sign

Status

Signature

Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper

Address

Date

B. 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
Employer	I agree	I don't agree

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)

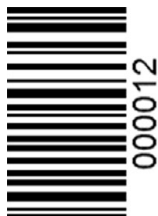
Payment frequency

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

Please be aware for all
signatures typed herein, you
are electronically certifying this
document, just as if you were
physically signing on paper

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.

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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

