

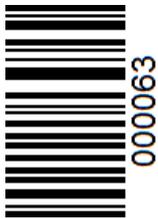
Irish Life Retail Master Trust

Complete Solutions Company 2 (“the Plan”)

Application Form

Before you give us your personal information please note that Irish Life and the Trustee (as defined in the attached Participation Agreement) have Data Privacy Notices. These notices explain what your data protection rights are and how and why we use your personal information. The Irish Life notice is always available on our website at <https://www.irishlife.ie/privacy-notices/> or you can ask us for a copy.

The Trustee’s notice is available at <http://www.irishlife.ie/retail-master-trust>. Further information about the Irish Life Retail Master Trust (including the contents of its governing Trust Deed and Rules) can also be found on this website.



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 or Adviser and not checked by Irish Life.

If this section is left blank this will delay us processing your application

Profile Number

Regular Contribution

Lump Sum

1. Employee details

Title (Mr/Mrs/Ms etc)

First Name

Last Name

Date of Birth (dd/mm/yyyy)

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

We are obliged to establish your nationality to comply with anti-money laundering requirements

Country of Birth

Nationality

Precise Occupation

Payslip or P60 required to verify salary.

Annual Salary

€

PPS Number

PPS number should contain 7 digits and 1 or 2 letters.

Are you a one man company?

Yes

No

2. Contact Details (Employee)

Address

County

Contact phone numbers Home

Mobile

Email address

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? (dd/mm/yyyy)

Employer's tax reference number should contain 7 digits and 1 or 2 letters

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

Employer Tax Reference Number

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

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

5. Plan Commencement and Contribution Details

Commencing Date (dd/mm/yyyy)

(specify the date on which you want your Plan to commence, the actual commencing date for your Plan will be set out in the Plan Schedule)

Employer Contribution €

Employee Contribution €

AVC Contribution €

Total Investment amount €

How are regular contributions to be made Direct Debit Cheque
Payment frequency Monthly Quarterly Half Yearly Yearly

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

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.)

6. Payment Details (if paying regular contributions by direct debit)

Payment must be made from the Company's account.

Customer (Debtor) Bank Identifier Code (BIC)
 IBAN
 Name of Account holder to be debited

7. Lump Sum

Payment must be made by cheque from the Company's account. If there are any exceptions to this please contact us.

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 ensure the percentages add up to 100%. A full list of funds currently available is in your product booklet, or your fund guide if relevant

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 at www.irishlife.ie to see the most up-to-date fund information.

	Regular Contribution	Lump Sum Contribution
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	%	%
Other Funds - Regular Contribution		Other Funds - Lump Sum Contributions
	%	%
	%	%
	%	%
	%	%
	%	%

Lifestyling Strategies are not available if you invest in 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 membership. 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

If you do not choose an option we will assume you want to receive communications electronically.

9. Online Services

Choosing Online Services means you are choosing paperless (electronic) communications. All your documentation will be securely stored in your personal online account.

You must have provided us with a mobile number and email address in order to access your online account.

You will be notified by text and email when communications are added to your account.

You will receive your Plan Schedule (as defined in the attached Participation Agreement) by post.

Declaration for Persons covered or Plan Owner (only if a 3rd party individual, not a business).

I/We want to sign up for Online Services and paperless communications Yes No

When your Plan is established you will be sent an email by Irish Life with a link to activate your online account. When you click on the link, you will be asked for your mobile number so we can send you a 6 digit PIN by text, you will need this PIN to activate your online account.

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?

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

This includes:
Canada Life
Progressive Life

Irish Life Retail Master Trust Participation Agreement

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

Proposal Number:

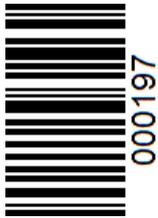
Customer Review Number

Customer Name

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. Admission to Participation

This Participation Agreement is made:

Between

(“the employer”)

And

(“the employee”)

And Independent Trustee Services DAC (company number 366780) in its capacity as sole trustee of the Master Trust (“the Trustee”)

Date of this Participation Agreement

The Master Trust was established under irrevocable trusts with effect from 4 July 2016 and is currently governed by and administered in accordance with the terms of its trust deed and rules as set out under an amended and restated trust deed and rules dated 12 March 2019 (as subsequently amended) (“the Trust Deed” and “the Rules”), the contents of which are available at <http://www.irishlife.ie/retail-master-trust>. The Master Trust is treated by the Revenue Commissioners as an exempt approved scheme in accordance with Chapter 1 of Part 30 of the Taxes Consolidation Act 1997, and an occupational pension scheme and a defined contribution scheme within the meaning of the Pensions Act 1990.

Irish Life Financial Services Limited (“ILFS”) is the founder of the Master Trust. The Trustee is the sole trustee of the Master Trust. Irish Life Assurance plc (“Irish Life”) is the administrator of the Master Trust within the meaning of the Taxes Consolidation Act 1997 and is the registered administrator of the Master Trust within the meaning of the Pensions Act 1990.

By completing this Participation Agreement the employer is hereby requesting to be admitted to participation in the Master Trust and to establish a plan in respect of the employee (“the Plan”) with effect from the date proposed in section 5 of the Application Form to which this Participation Agreement is attached (or such other date as may be specified in the Plan Schedule) (“the commencing date”) for the purpose of providing the employee with relevant benefits as defined under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997 to be provided through the relevant product selected in the Application Form to which this Participation Agreement is attached. This Participation Agreement is an “Establishing Agreement” and the Plan is a “Scheme” as those terms are defined under the Trust Deed of the Master Trust.

Subject to being so admitted and the Plan being established, the employer hereby covenants with the Trustee that it will agree to perform and observe the provisions of the Master Trust (as may be amended from time to time), the Pensions Act 1990 and other relevant laws as they apply to it as an employer participating in the Master Trust and the employee agrees that their membership of the Plan shall be subject to the terms of this Participation Agreement and the Trust Deed and Rules of the Master Trust and any additional terms and conditions furnished by the Trustee or Irish Life from time to time.

The employer and the employee acknowledge and agree that admission to participation in the Master Trust and the establishment of the Plan is subject to the agreement of the Trustee. The completion of the Application Form and this Participation Agreement does not constitute a binding agreement between the employer, the employee, and the Trustee unless and until such agreement has been confirmed. Such agreement will be evidenced by the issuing of a Plan Schedule to the employer and the employee by Irish Life and the foregoing provisions of this Participation Agreement shall be read as being subject to and conditional on the issuance of the Plan Schedule. The Plan Schedule sets out a summary of the benefits of the Plan, including the contributions payable, investments options selected and charges applicable.

Establishment, Termination and Amendment

The Plan will commence on the commencing date and will be governed by the provisions of the Trust Deed and Rules, this Participation Agreement (including the Application Form which, for this purpose, shall be treated as forming part of this Participation Agreement) and subject at all times to the requirements of the applicable provisions of the Taxes Consolidation Act 1997 and the Pensions Act 1990.

Without prejudice to the provisions of the Trust Deed, the Plan benefits will be provided by means of an assurance or assurances, under a policy or policies to be issued by Irish Life in pursuance of the Application Form to which this Participation Agreement is attached and of any subsequent supplementary applications made to Irish Life ("the Applications").

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 Plan. 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.

This Participation Agreement shall terminate on the termination of the Plan or the Master Trust in accordance with the provisions of clause 12 of the Trust Deed.

This Participation Agreement may be amended in accordance with the provisions of clause 3.2 of the Trust Deed. The employer agrees that it shall not make or agree to any such amendments without the prior agreement of the Trustee.

Information

The employer agrees that it will provide the Trustee or Irish Life such information, data and instructions as they may reasonably request in order to facilitate the management and administration of the Plan.

Contributions

The contributions payable towards the assurance or assurances will be contributions made by the employer and the employee (including Additional Voluntary Contributions) in accordance with the Applications subject always to the Trust Deed and Rules. Subject to the foregoing provisions of this paragraph, the employer and the employee hereby agree to pay the contributions (if any) set out in the Applications and, as applicable, the employer agrees to remit those contributions to the Plan in accordance with the requirements of the Pensions Act 1990. The employee, may vary, suspend or cease contributions (including Additional Voluntary Contributions) to the Plan in agreement with the employer. Future employer contributions can be amended by the employer in line with its wishes at its sole discretion and in accordance with such conditions as the Trustee or Irish Life may specify from time to time.

Charges

The employee agrees they shall be responsible for the payment of all of costs and expenses (collectively "charges") incurred in connection with the Plan (except to the extent that the employer agrees in its discretion to pay any or all of the charges). The charges shall, unless otherwise agreed with the employee, be paid by way of deduction from Plan assets. Details of the maximum charges which may apply under the Plan are set out in the Product Booklet which has been provided to the employee. Details of the specific charges applicable to the Plan will be contained in the Plan Schedule. The charges may be increased from time to time as allowed for in the Plan's Terms and Conditions Booklet and subject to the requirements of applicable law. Irish Life will notify the employee of any changes to the charges.

Indemnity

The employee acknowledges that the Trustee has the right to be indemnified out of Plan assets in accordance with the terms of clauses 10.3 and 10.4 of the Trust Deed. In the unlikely event that this happens, the employee will be notified of any deductions made.

Excess monies

The employer and the employee agree that if upon application, the proceeds of the Plan cannot be wholly applied in providing benefits which do not exceed the maximum permitted by the Revenue Commissioners, any excess proceeds shall be paid to the employer or, if such payment to the employer is not permitted for any reason, shall be retained by the Trustee and, unless the Trustee in its discretion determines otherwise, may be used to discharge the costs of managing and administering the Master Trust.

Electronic execution and communication

The employer and the employee expressly consent to the electronic execution of this Participation Agreement, to the provision of any information in connection with this Participation Agreement by electronic means, and to the retention and use of the executed Participation Agreement as an electronic original.

Please acknowledge receipt of this Participation Agreement and agreement to its terms (and, as applicable, the terms of the Trust Deed and Rules) by signing below.

Please Sign Here

Signature of person duly authorised to sign for and on behalf of the **EMPLOYER**.

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

Name of authorised person

Position in company

Please acknowledge receipt of this Participation Agreement and agreement to its terms (and, as applicable, the terms of the Trust Deed and Rules) and to your inclusion in the Plan by signing below.

Please Sign Here

Signed **EMPLOYEE**

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

B. Employee/Plan Member Declaration

I declare that all the answers to all the questions in the Application Form (online or otherwise) are answered honestly and with reasonable care. 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 if I do not receive the printed record or if there are any errors in the record received.

I understand that, if I become aware that any information provided in my answers to the specific questions in this application form is not correct, I must tell Irish Life in writing at that time.

I hereby agree that the contract proposed with the Trustee will be comprised of the Application Form (online or otherwise), the Participation Agreement, the Trust Deed and Rules, the declarations herein, together with the Plan Schedule and all terms and conditions furnished by the Trustee or Irish Life from time to time.

I declare that I have been provided with the necessary information to make an informed investment decision including the Sustainability Related Disclosure Notice. I am happy with the investment choice made on this application form (or supplied though any additional documents linked to this application).

I acknowledge and agree that Irish Life and/or the Trustee may utilise electronic processes from time to time including, but not limited to, the use of electronic signatures. Irish Life and/or the Trustee may also use manual processes including but not limited to the use of wet ink signatures.

I confirm I have been informed about the Irish Life and Trustee Data Privacy Notices and where to get them. I confirm that I have read and understood all the above declarations.

Please sign and date

Signature

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

Date dd/mm/yyyy)

C. Employer Declaration To the Trustee and Irish Life

I declare that all the answers to the questions contained in the Application Form have been answered honestly and with reasonable care. I hereby agree that the contract proposed with the Trustee will be comprised of the Application Form (online or otherwise), the Participation Agreement, the Trust Deed and Rules, the declarations herein, together with the Plan Schedule and all terms and conditions furnished by the Trustee or Irish Life from time to time.

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 the Trustee.

I have read and understand the important information about my obligation to answer all questions asked in connection with the application and I understand that if I do not answer these questions honestly and with reasonable care, Irish Life will be entitled (depending on the breach) to declare any policy or policies issued in respect of the Plan void and, in such circumstances, the Trustee may terminate the Plan in accordance with the provisions of clause 12 of the Trust Deed.

I understand that the continuation of the Plan is conditional on the ongoing approval of the Master Trust by the Revenue Commissioners as an exempt approved scheme under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997.

I acknowledge that only an individual who is employed within the Republic of Ireland may join the Master Trust and, if the employer becomes aware that the Plan has been established in respect of an individual who is or subsequently becomes employed outside of the Republic of Ireland, the employer shall immediately notify Irish Life of this and no further contribution shall be paid or remitted to the Plan without the express prior written agreement of the Trustee and Irish Life.

I acknowledge and I understand and accept that the contract to which this application form and declaration applies is between the Trustee and the parties named in the Participation Agreement establishing the Plan. I confirm that any 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 for whom the Plan is established. Irish Life will act on either my (the employer's), the employee's or the Trustee's instructions in accordance with the Plan's Trust Deed and Rules and any other applicable terms and conditions furnished by the Trustee or Irish Life from time to time.

I acknowledge and agree that Irish Life and/or the Trustee may utilise electronic processes from time to time including, but not limited to, the use of electronic signatures. Irish Life and/or the Trustee may also use manual processes including but not limited to the use of wet ink signatures.

I confirm I have been informed about the Irish Life and Trustee Data Privacy Notices and where to get them.

Please sign and date

Signature

Duly authorised to sign for and on behalf of the Employer

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

Date dd/mm/yyyy)

D. Revenue Details

The following details are required for the purpose of ensuring compliance with the requirements of 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 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 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)	€	
Spouse's pension % / Registered civil partner's pension		%
Current value of any AVC / PRSA AVC	€	
If current employment		
Total employee & AVC contributions	€	per annum
Death benefit	€	per annum

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)

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

