

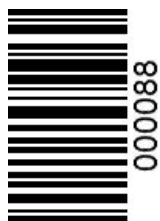
Complete Solutions Personal Pension

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.



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.

Product Selection

Please tick which product you require:

Complete Solutions Personal 1 or Complete Solutions Personal 1 Bond

Or

Complete Solutions Personal 2 or Complete Solutions Personal Bond

Profile Number

Regular Contribution

Lump Sum

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

1. Eligibility

1. Are you self-employed or a partner acting in some trade, profession or occupation? Yes No

Your self-employment, employment or occupation must be liable to tax under schedule D (case I or II) or E in the Republic of Ireland.

2. Are you an employed person or the holder of an office of employment? Yes No

If Yes, is one or more of your occupations non pensionable? Yes No

3. Are you an Irish resident for tax purposes? Yes No

4. Please give the plan numbers of any existing retirement contracts with this company

2. Personal Details

Title (Mr/Mrs/Ms etc)

First Name

Initial (if applicable)

Last Name

Date of Birth

Age Next Birthday

Choose Retirement Age

Must be between the age of 60 and 75.

8. Fund Details

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

	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	%	%

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.

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

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. 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

9. Register for My Online Services

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

Choose Paperless/Electronic communications from Irish Life and register for a My Online Services account.

All of your Irish Life documentation will be securely stored in your personal online account.

You will get notifications by SMS and email when you have a new communication from Irish Life.

We need your mobile number and email address - we'll send you a registration email to complete your sign-up.

Would you like to register for My Online Services & Paperless Communications? Yes No

Personal pension plan Declarations

Proposal number:

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

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. 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 policy does replace an Irish Life policy

Yes, this policy does replace an existing policy from another life company

No, this policy does not replace an existing policy

Policy or Reference 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

Date

Declaration of Customer:

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

Signature of Customer

Date

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

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

B. Plan Declaration

I declare that all the answers to all the questions in this 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, in writing if I do not receive the printed record.

I understand that I must tell Irish Life in writing if any information provided in my answers to the specific questions in this application form have not been answered honestly and with reasonable care.

I hereby agree that the contract proposed with Irish Life Assurance plc will be based on this application form (online or otherwise) and declaration. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 2 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.

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

Signature of Customer

Date

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 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

Information is correct as of June 2022 and is subject to change.

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

* 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	7	7	7	3	0	3	5	8	7
---	---	---	---	---	---	---	---	---	---	---	---	---

Type of payment

Recurrent

Creditor's name and address

I	R	I	S	H	L	I	F	E	A	S	S	U	R	A	N	C	E	P	L	C				
L	O	W	E	R	A	B	B	E	Y	S	T	R	E	E	T									
D	U	B	L	I	N	1																		