

# Complete Solutions PRSA / PRSA AVC

## 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](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.

**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.**



### Financial Adviser Details

Financial Adviser Name

Financial Adviser Code

Profile Code

Regular

Single

### Product Selection

Please tick which product you require:

Complete Solutions PRSA Standard

**Or**

Complete Solutions PRSA Options (this is a non-standard PRSA)

**Or**

Complete Solutions PRSA Plus (this is a non-standard PRSA)

Is this PRSA to be used for Additional Voluntary Contributions (AVCs)

Yes

No

## 1. Eligibility

1. Are you an Irish resident for tax purposes? Yes No PPS Number

2. Are you self-employed? Yes No

If Yes, are you:

Agricultural self-employed

Other self-employed

3. Are you an employee? Yes No

(a) If Yes, what is your occupation

Trades, craftes & related

Personal & Protective Service

Manager, Professional & Admin

Clerical & secretarial

Sales

Plant & machine operatives

Other employee

(b) Are you a member of your current employer's company pension scheme?

Yes

No

4. Are you unemployed/not economically active?

Yes

No

If YES, this PRSA should be used to facilitate AVC contributions. Please pay particular attention to Sections F and G of the Plan Declarations.

## 2. Personal Details

Title (Mr/Mrs/Ms etc)

First Name

Initial (if applicable)

Last Name

Date of Birth (dd/mm/yyyy)

Total Salary (incl bonuses, BIK, etc) €

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

Nominated Retirement Age

Must be between age 60 and 75. For PRSA AVCs the Nominated Retirement Age must be the same as the main scheme.

## 3. Contact Details

Address

County

Contact phone numbers

Home

Mobile

Email address

## 4. Employer Details

**To be completed by Employees, not applicable for Self-Employed**

Name Of Employer

Address Of Employer

Employer Tax Reference Number

Employment start date

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. 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

## 6. Contribution Details

### 6a. Regular Contributions

**Please note:**

Where employer account is being debited inflation protection option is not available.

**Please note:**

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

Date contributions are to start

<b>Contribution amount</b>	Employee or Self-Employed Contribution (as applicable)	€
	Employer Contribution (if applicable)	€
	AVC Contribution (if applicable)	€
	<b>Total Contribution</b>	€

Payment frequency	Monthly	Quarterly	Half Yearly	Yearly
Payment Method	Direct Debit	Cheque	Payroll deduction	

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 a rate set by Irish Life (at present 5% p.a.) whichever is higher

### 6b. Single Contributions and Transfer Values

<b>Single contribution</b>	Employee or Self-Employed Contribution (as applicable)	€
	Employer Contribution (if applicable)	€
	AVC Contribution (if applicable)	€
	<b>Total Contribution</b>	€

A PRSA transfer in form must be completed and submitted with this form

Transfer value €

**Please note:** The allocation rate for regular or single contributions may depend on the amount paid into your PRSA. If you are splitting the contribution payment, the full contribution amount must be received on the same day to receive the agreed allocation rate.

## 7. Fund Details

Please see your Fund Guide/Product Booklet for a full list of funds available and information on the investment strategies referred to below. You can split your investment between up to 10 funds. Please select the investment strategy you wish to follow by selecting one of the options below (if required):

### Option 1 - Default Investment Strategies

- a. I am funding for an annuity through the Default Investment Strategy (Annuity)
- b. I am funding for an ARF through the Default Investment Strategy (ARF)

**OR**

### Option 2 - Lifestyle Options

- a. I am funding for an annuity through the Annuity Lifestyle Option
- b. I am funding for an ARF through the ARF Lifestyle Option

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

**OR**

### Option 3 - I wish to choose a selection of funds from below

#### Funds available under PRSA Standard

Pension Portfolio 2  
 Pension Portfolio 3  
 Pension Portfolio 4  
 Pension Portfolio 5  
 Pension Portfolio 6

%  
 %  
 %  
 %  
 %

#### Funds available under PRSA Options & PRSA Plus

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

%  
 %  
 %  
 %  
 %

#### Other Funds

%  
 %  
 %  
 %  
 %  
 %

#### Other Funds

%  
 %  
 %  
 %  
 %  
 %

All regular and lump sum contributions will be invested as above. If you would like lump sum contributions to be invested differently than regular contributions, please indicate your fund choice below.

%  
 %  
 %  
 %

Please also select funds for required product below

Lifestyle options are not available on Complete Solutions PRSA Plus plan.

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

## 8. Register for My Online Services

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

---

## PRSA Plan Declarations

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



Proposal Number:

Date contributions are to start

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 article 3(5) of the Personal Retirement Savings Account (Disclosure) Regulations 2002

You the customer should read the following and indicate that you have done so.

I understand that the Declaration below relates to the PRSA contract proposed by me in this application. I confirm that I have received the relevant Preliminary Disclosure Certificate for the PRSA contract proposed in this application.

#### Warning

If you propose to enter into this PRSA contract in complete or partial replacement of an existing PRSA contract or a retirement annuity contract, please take special care to satisfy yourself that this PRSA contract meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing PRSA contract or retirement annuity contract. If you are in doubt about this, please contact your PRSA provider.

**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 PRSA Provider / Intermediary:

I hereby declare that in accordance with Article 3 of the Personal Retirement Savings Account (Disclosure) Regulations 2002, a Preliminary Disclosure Certificate has been provided to:

and that I have advised the person concerned as to the financial consequences of replacing an existing PRSA contract or retirement annuity contract with this PRSA contract by cancellation or reduction and of possible financial loss as a result of such a replacement.

Please sign and date

Signature of PRSA Provider/Intermediary

**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)

## 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

**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)

---

## B. PRSA AVC Declaration (if applicable)

Where I am establishing this plan for the purpose of making AVC payments to a PRSA, I declare that;

- I have received and read the Irish Life AVCs and your PRSA Booklet, which provides important information about paying AVCs into a PRSA.
  - I am aware that my AVCs into the PRSA are on a defined contribution basis and the return is not guaranteed - this contract will not provide defined benefits as fund values can fall as well as rise.
  - I acknowledge and agree that I have been advised to investigate any AVC options offered through my employer's main occupational pension scheme.
  - I acknowledge and agree that I have been advised to review any options which provide guaranteed benefits and which can be available under defined benefit schemes, in particular any options to buy added years (notional service) under public sector/semi state defined benefit schemes.
  - I understand and accept that it is my responsibility to review and consider any such options directly with my employer, and that my financial adviser will base any recommendations on the information I have provided but will not have discussed or verified this with my employer.
  - I understand that, although this AVC plan is separate to my employer's main occupational pension scheme, retirement benefits must be paid at the same time as the main scheme and must be within Revenue limits.
  - I am required to notify Irish Life if I leave this employment, change my contributions to that scheme, if my salary decreases or if my benefits change.
- 

## C. 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
- > Any information in this record is not answered honestly and with reasonable care.

I hereby agree that the contract proposed between me and Irish Life Assurance plc (ILA) will be comprised of this application declarations, and any supplementary application form attached. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 2A of Part 30 of the Taxes Consolidation Act 1997.

I agree that where I have selected fund(s) other than the Default Investment Strategy (annuity) or the Default Investment Strategy (ARF), by signing this declaration, and any supplementary application, I am providing written confirmation that I do not wish to avail of either Default Investment Strategy.

I understand that once my PRSA becomes a vested PRSA, Irish Life is obliged to deduct a minimum amount of tax on a yearly basis as if a minimum withdrawal has been taken from my vested PRSA. I understand the current minimum withdrawal is 4% from the year I turn 61 (or 60 for those born on 1 January) until the year I turn 71 (or 70 for those born on 1 January) when it will increase to 5%. Where the total value of my vested PRSA(s) and ARFs are greater than €2 million I understand that I must appoint a nominee QFM who will be responsible for ensuring a withdrawal of 6% is taken from my vested PRSA(s) and ARFs. I understand that it is my responsibility to advise Irish Life if the total value of my ARFs and Vested PRSA(s) exceed €2 million. I understand that these rates are current as at June 2022 but may change in the future.

Where applicable, I as an employee, agree to my employer having access to my application in order to facilitate the deduction of my personal contributions from my salary. I also understand that the commencement date of the contract and the timing of any subsequent changes to contributions will be subject to my employer making the necessary changes in my payroll.

I agree that ILA may get information in respect of any transfer value contribution amount from the transferring Trustees/Life Office/PRSA Provider and I authorise them to give Irish Life this information.

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 sign and date

Signature of Customer

**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. Financial Adviser Declaration

### Evidence of Age

Document Type  
e.g. Passport

Country of origin of document

Date Document was issued

### Evidence of PPS Number

Document Type

e.g. Social Welfare Services Card

- I certify that I have viewed the documents stated above
- I acknowledge and agree that Irish Life may utilise electronic processes from time to time including, but not limited to, the use of electronic signatures. Irish Life may also use manual processes including, but not limited to, the use of wet ink signatures.

The adviser is required to complete a non-standard PRSA declaration where one is recommended or offered. If this not completed here, Irish Life will assume the adviser has fulfilled their obligation separate to this application form.

### Where a non-standard PRSA has been offered or recommended:

Name of consumer to whom a non-standard PRSA has been offered or recommended:

Print name in block capital letters

Name of non-standard PRSA offered to the consumer:

Complete Solutions PRSA Options

Complete Solutions PRSA Plus

Name of non-standard PRSA Product Producer:

Irish Life Assurance plc

- I declare that I have explained to this consumer that there are differences between a Non-Standard PRSA and Standard PRSA, and focused on the fact that the charges may be higher and the investment risks are greater for this non-Standard PRSA.
- I declare that in my opinion it is in the best interest of the above named consumer to purchase this non-Standard PRSA.
- I declare that in my opinion the non-Standard PRSA I have offered / recommended to the above name consumer is the PRSA product most suited to this consumer from among all those I am able to provide.

Please sign and date

Signature of Adviser

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

Name

Print name in block capital letters

Position held

Name of regulated entity

Date of completion of the declaration

## E. Employer Declaration

To be completed where contributions are to be deducted from employer's bank account.

Employer Name

(the Employer)

Contact number

Email address

Preferred direct debit date

(must be before 20th of the month)

**This is the day of the month on which you would prefer to have contributions debited from your company bank account. If no date is chosen, we will assume the 1st day of the month.**

**Person nominated to administer payroll deductions (if different to the Employer)**

Name

Phone

Email address

Address



## Appointing a PRSA Provider

This is a contract between the Employer  
and

Irish Life Assurance plc (Irish Life)

The Employer hereby appoints Irish Life Assurance plc as a chosen PRSA provider that is available for employer and/or employee contributions in accordance with Section 121 of the Pensions Act, 1990 as amended (the Pensions Act).

Irish Life are an approved PRSA provider and its PRSA products have been approved by the Pensions Authority and the Revenue Commissioners.

The Employer will allow Irish Life, or intermediaries on its behalf, reasonable access to excluded employees\* at their workplace for the purpose of setting up standard PRSA contracts. Subject to work requirements, the Employer will also allow excluded employees reasonable paid leave of absence to enable them make arrangements for the establishment of a standard PRSA.

The Employer also hereby agrees to establish a payroll deduction facility with Irish Life to allow the collection of employer and/or employee contributions and to meet the Employer's obligation under the Pensions Act. This arrangement will include any requirements by Irish Life in relation to the administration of this facility, which may vary from time to time. Irish Life will not use this direct debit instruction to collect amounts from your bank account without first getting permission from the Employer.

The Employer understands that nothing in this contract prevents Irish Life, or intermediaries acting on its behalf, from offering a PRSA other than a standard PRSA to employees. The Employer understands that they must provide the same payroll deduction facility for standard and non-standard PRSAs.

It is open to both Irish Life and the Employer to end this contract by giving not less than two months in writing to the other party. Irish Life will also have the right to terminate this contract if the Employer fails to comply with the necessary procedures agreed between the Employer and Irish Life as to how the contract is to be operated.

Irish Life shall have the right at its discretion to modify the operation of this contract, if such modification is required to conform to new legislation.

Irish Life are not responsible for meeting any obligations the Employer has under the Pensions Act in relation to the setting up and administration of standard and non-standard PRSAs.

\* Under Section 121 of the Pensions Act, excluded employee means

- All your employees, if you do not offer an occupational pension scheme, or
- If you do offer an occupational pension scheme, any employee that is not eligible to join that scheme and who would not become eligible, under the scheme rules, within six months of their employment start date.

### Employer Declaration

I confirm that the person named in this application is a PAYE employee of the Employer. I authorise Irish Life to deduct the employer and/or employee contributions set out in this application from the Employer's bank account.

I acknowledge and agree that Irish Life may utilise electronic processes from time to time including, but not limited to, the use of electronic signatures. Irish Life may also use manual processes including, but not limited to, the use of wet ink signatures. I confirm that I have been informed about the Irish Life Data Privacy Notices and where to get them.

Signature

Person authorised to sign for an 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.**

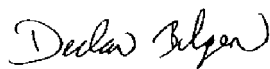
Name

In block capitals

Date (dd/mm/yyyy)

### Irish Life

Signature for and on behalf of Irish Life Assurance plc:



Declan Bolger, Chief Executive Officer,

Irish Life Group, Lower Abbey Street, Dublin 1

## F. Additional Voluntary Contributions (AVCs)

**To be completed by employees who are members of their employer's company pension scheme and want to make AVCs to a PRSA**

Name of Employer

Name of Pension Scheme

Is your scheme Defined Contribution (Complete section 1 below)

Defined Benefit (Complete section 2 below)

The Scheme Normal Retirement Age (NRA) will also be the NRA for your PRSA AVC

Scheme Normal Retirement Age When did you start your current employment

Do you on your own, or with your spouse/registered civil partner and/or minor children, directly or indirectly own or control more than 20% of the voting rights of the employer? Yes No

### Section 1 – to be completed by DC scheme members

Current Value of your main scheme fund €

Current Value of any AVC/PRSA AVC €

#### Contributions to your main scheme:

Employee Contributions € per month quarter half-year year

AVC Contributions € per month quarter half-year year

Employer Contributions € per month quarter half-year year

### Section 2 – to be completed by DB scheme members

#### Contributions to your main scheme:

Employee Contributions € per month quarter half-year year

AVC Contributions € per month quarter half-year year

Current value of any AVC/PRSA AVC €

We require one of the following to be submitted with your application:

#### A. Your most recent Pension Benefit Statement

#### B. A letter from your employer confirming the following details based on your current salary and service to retirement:

- Projected pension at your normal retirement date and
- Retirement lump sum benefits at your normal retirement date
- Spouse's/Registered Civil Partner's pension as a % of members pension

#### C. Confirmation from your employer or HR department of the following

Member's pension payable at NRA € Spouse's Registered Civil Partner's Pension %

Retirement Lump Sum € Current Value of any AVC/PRSA AVC €

Block Capitals

Name

Please sign and date

Signed

**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)

Signature of person authorised to sign for and on behalf of employer HR department

#### D. To be completed where you are unable to provide a copy of your most recent pension benefit statement and it is not possible at this time for your employer to confirm these details.

I am unable to provide a copy of my most recent pension benefit statement and it is not possible at this time for my employer to confirm these details. I can confirm that I am aware of my current benefits and these are outlined above. They are based on my current salary and my service at retirement. I understand that it is my responsibility to provide correct figures. If these figures are incorrect, it is possible that my AVC fund could cause my benefits to exceed the maximum pension benefits allowed by the Revenue Commissioners. This may mean that my main scheme benefits will be reduced to reflect the excess AVC fund.

Please sign and date

Signature of Customer

**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)

## G. Benefits from Other Employments

**To be completed by employees who are members of their employer's company pension scheme and want to make AVCs to a PRSA**

Do you have any pension benefits from previous employments? Yes      No

If Yes, please complete the rest of this section. If No, please go to the Declarations & Consents section.

**A.** Do you have Defined Contribution scheme benefits? Yes      No

Normal Retirement Age Current Value €  
(including AVC/PRSA AVC values)

**B.** Do you have Personal Pension or PRSA (including self-employed) pension benefits? Yes      No

Normal Retirement Age Current Value €  
(including AVC/PRSA AVC values)

**C.** Do you have Defined Benefit scheme benefits? Yes      No

Normal Retirement Age Member's pension payable at NRA      €

Retirement Lump Sum €  
(if in addition to pensions at NRA)

Current value of any AVC/PRSA AVC €

Spouse/Registered Civil Partner's pension  
(if any) as a percentage of Member's pension %

Date of leaving service

Scheme Name

Name of Life Office

**D.** Have you received retirement benefits from any other pension arrangements? Yes      No

If Yes, please 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

**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.

### 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