

# PRSA Top Up Form

## Application form

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which 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 capital letters throughout.

### 1. Financial Adviser Details

Financial Adviser Name:

Financial Adviser Code:

Profile Number Regular Contributions

Profile Number Single Contributions

### 2. Contributor Details

Name:

Existing PRSA Plan Number:

### 3. Top-up contribution details

#### Regular Contributions

New Employer Contribution € per

New Employee / AVC Contribution € per

On what date is your increase to start?

#### Single Contribution

Employer €

Employee / AVC €

The allocation rate for regular and 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.

### 4. Fund Choice

(a) I wish to invest all my contributions both existing and top up amount outlined above) in my existing fund(s) choice.

**Note:** where you are not currently invested in the Default Investment Strategy (DIS), your choice above indicates that you do not wish to move into the DIS.

Or

#### Regular Contributions

(b) I wish to invest all future contributions (both existing and top up amount) as follows. I understand contributions already paid will remain in my existing fund(s) choice unless I request otherwise.

%	%
%	%
%	%

Or

(c) other investment choice as detailed in the box below

### Single Contributions

%	%
%	%
%	%

Further instructions (if any):

#### Note:

- If you are currently invested in the Secured Performance Fund, the Capital Protection Fund or any Property Fund, moving from these funds may cause a penalty to be applied to the fund value. Please check your terms and conditions.
- Certain funds may have restrictions on entry and you may not be able to access the fund of your choice. If this is the case you will be asked to make a different choice.
- If you are currently in the Default Investment Strategy (DIS) or an Individual Investment Service (IIS) and you choose to invest any part of your plan into a different fund, you will be moved out of the DIS or IIS. By signing the declaration on this application you are giving us written confirmation that you do not wish to invest in the DIS or IIS.
- If you are currently invested in Property a notice period may apply before you can move out of that fund.

## 5. Contributor Declaration

I declare that all the answers to all the questions in this application form have been answered honestly and with reasonable care. I hereby agree that the amended contract proposed between me and Irish Life Assurance plc will be comprised of this application and declaration. 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 authorise Irish Life Assurance plc (ILA) and its agents to hold and process information in connection with this contract or transaction. This includes any other information supplied to or obtained by Irish Life separately. ILA may hold and process this information for administrative, customer care and services purposes.

Where applicable, I, as an employee, understand that my employer is required to have 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.

Please sign and date

Signed

Date

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

## 6. Employer Declaration

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

Name of employer (the Employer)

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

Person authorised to sign for and on behalf of the Employer

Signature

Date

## 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**