

# Complete Solutions Personal Retirement Bond Application Form

**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 <https://www.irishlife.ie/privacy-notices/> 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

Profile

**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 of Adviser and not checked by Irish Life.**

## 1. Personal Details (Employee)

Title (Mr/Mrs/Ms etc)

First Name

Initial (if applicable)

Last Name

Date of Birth (dd/mm/yyyy)

Age Next Birthday

Gender

Male

Female

Relationship Status

Single

Married

Registered Civil Partner

Separated

Divorced

Widowed

Country of Birth

Country of Nationality

Previous Surname (if any)

PPS Number

Occupation

Country of Residence

Are you resident in Ireland for tax purposes?

Yes

No

We are obliged to establish country of birth and nationality to comply with anti-money laundering requirements

PPS number should contain 7 digits and 1 or 2 letters

## 2. Contact Details

Address

County

Home Phone Number

Mobile Phone Number

Email Address (if applicable)

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

## 3. 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
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## 4. Employer Details

Is this a transfer from an existing PRB?

Yes	No
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What is the original source of this payment?

Company pension scheme-DB	Company pension scheme-DC
Transfers from UK	Transfer from other overseas

Transferring scheme details: Date employment began

Transferring scheme details: Date scheme service/employment ended

Have you on your own, or with your spouse and/or minor children, directly or indirectly owned or controlled more than 5% or more than 20% of the voting rights of the employer.

No	Over 5%	Over 20%
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This is not applicable if a 20% director

For 20% directors only. We need evidence of salary for example P60 or accountants report

If no, what was the member's final salary	€	Year
If yes, the member's highest three consecutive salaries in the last 10 years	€	Year
	€	Year
	€	Year

We will confirm the details of the existing PRB with the relevant life office from these details

If we do not receive a breakdown of the contribution amount, we will treat it all as employer contributions. Retirement / death benefits will be paid accordingly

## 5. Premium Details

Name of Life Office

Plan Reference

Value of employer contributions €

Value of employee contributions €

Value of AVC contributions €

## 6. Benefit Details

Scheme normal retirement age

Do the rules of the scheme allow the member/customer to avail of the ARF option?

Yes	No
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Name of trustees of Originating Pension Scheme

If Yes to either of these questions we may have to request further information before we can proceed with the application

Name of Original Employer

Is there a Pension Adjustment Order (PAO) granted against this contribution? Yes No

Does any of this contribution contain benefits relating to a previous employment / pension scheme? Yes No

Date previous employment began

Date previous employment ended

Final Salary details €

## 7. Fund Details

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](http://www.irishlife.ie) to see the most up-to-date fund information.

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

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

%

%

%

%

%

%

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 ARF at retirement through the ARF Lifestyling Strategy

I am funding for an Annuity at retirement through the Annuity Lifestyling Strategy

I am funding for an ARF at retirement through the ARF Investment Lifestyling Strategy

## 8. Revenue Details

Name of Pension Scheme

Revenue Reference Number

Pension Authority Registration Number

Has the member irrevocably waived their right to a retirement lump sum as a result of a redundancy payment? Yes No

Is the PRB to pay for a retirement lump sum? Yes No

If Yes, Irish Life may require further information before we can proceed with this application.

Do the trustees request that a spouse / civil partner pension be provided from this PRB in the event of the member's death after retirement?	Yes	No
Does the member/customer have any pension benefits from current or previous employment?	Yes	No
If Yes, please provide further details		

Has the member/customer received any pension benefits on leaving any employment?	Yes	No
If Yes, please provide further details		

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## 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
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## Personal Retirement Bond Plan Declarations

Proposal Number:

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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.)**

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### 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.

Ref. Plan Number

Please complete this section by ticking the appropriate box:

Yes, this plan is replacing an Irish Life, Canada Life or Progressive Life plan

Yes, this plan is replacing a plan from another life company

#### Declaration of Insurer/Financial Adviser

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001

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.

Please sign and  
date

Signature of Financial Adviser

Date (dd/mm/yyyy)

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

#### 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

Date (dd/mm/yyyy)

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

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## B. Trustee Declaration

### Only to be completed if the contribution is coming from a pension scheme

I declare that all the answers to all the questions in this application form (online or otherwise) are answered honestly and with reasonable care and request that a Personal Retirement Bond (PRB) be issued in the name of the member in accordance with the details set out above.

I confirm that:

- The pension scheme is (or is intended to be) exempt approved for the purposes of the Taxes Consolidation Act 1997.
- The plan documentation empowers the trustees to purchase the PRB for the member instead of the benefits for or in respect of the member under the plan.

I agree to any future endorsements that may be required to allow a switch between any versions under the plan even though such switches may not now be possible under the current terms of the policy.

I acknowledge that Irish Life Assurance plc will provide only the benefits purchased under these bonds and will accept no further responsibilities in relation to the member and his/her dependents.

I declare that the member shall be entitled to request a transfer payment in accordance with the Terms of the PRB, to another scheme instead of the provision of benefits under the PRB.

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

Duly authorised to sign for and on behalf of the trustees.

Block Capitals

Name

Please sign and date

Signature

Date (dd/mm/yyyy)

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

## C. Member/Customer 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 it.

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 comprised of this application form (online or otherwise) and declarations. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997.

I confirm that I received the Sustainability Related Disclosure in good time before I made my investment decision.

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

Member/Customer Signature

Date (dd/mm/yyyy)

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



