

Pinnacle

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.

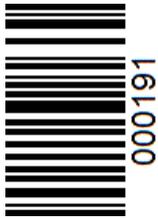
If any item is blank or illegible, this will cause a delay in processing your application.

Financial Adviser Details

Financial Adviser Name

Financial Adviser Code

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. Plan Owner Details (as applicable)

1(a). Personal Plan Owner 1

Title (Mr/Mrs/Ms etc)

First Name

Initial

Last Name

Date of Birth (dd/mm/yyyy)

Age Next Birthday

Gender

Male

Female

Country of Birth

Nationality

Precise Occupation

PPS Number

Address 1

Address 2

Address 3

County

Home Number

Mobile Number

Email Address

We are obliged to establish your Nationality to comply with Anti Money Laundering requirements

PPS number should contain 7 digits and 1 or 2 letters

1(b). Personal Plan Owner 2

We are obliged to establish your Nationality to comply with Anti Money Laundering requirements
PPS number should contain 7 digits and 1 or 2 letters

Title (Mr/Mrs/Ms etc)

First Name Initial

Last Name

Date of Birth (dd/mm/yyyy) Age Next Birthday

Gender Male Female

Country of Birth

Nationality

Precise Occupation

PPS Number

Address 1

Address 2

Address 3

County

Home Number

Mobile Number

Email Address

1(c). Controlling Interest - Personal Plan Owner

Are you taking out this plan on your own behalf? Yes No

If not, please fill in the following details:

Name of other party

Relationship or connection to you

Please also answer relevant Foreign Tax Residency questions in Section 3.

1(d). Irish Life Trust

Is this plan issued in Trust with Irish Life? Yes No

If yes, has the appropriate Irish Life Trust form been completed? Yes No

If yes, please provide the following details:

Date of Deed (dd/mm/yyyy)

Title of Appointer (Mr/Mrs/Ms etc)

First Name of Appointer

Last Name of Appointer

Address 1

Address 2

Address 3

County

Contact Number

Please also answer relevant Foreign Tax Residency questions in Section 3.

1(e). Company Plan Owner

Registered Name
Trading Name (if any)
What Type of Company/Entity is this
Tax Number
Address 1
Address 2
Address 3
County
Contact Number
Email Address

Names of Shareholders with 25% or more shareholding (if any)

Are any of the Controlling Persons of this entity resident for tax purposes in the U.S. or are they a U.S. citizen? Yes No

Please also answer relevant Foreign Tax Residency questions in Section 3.

1(f). Other Plan Owner Type (Trust/Charity etc)

Type of Owner
Plan Owner Name
Tax Number
Address 1
Address 2
Address 3
County
Contact Number
Email Address
Trustee/Authorised Signatory Names:

2. Life Assured Details (if different from Plan Owner)

2(a). Life Assured 1

Title (Mr/Mrs/Ms etc)
First Name Initial
Last Name
Date of Birth (dd/mm/yyyy) Age Next Birthday
Gender Male Female
Address 1
Address 2
Address 3
County

2(b). Life Assured 2

Title (Mr/Mrs/Ms etc)

First Name

Initial

Last Name

Date of Birth (dd/mm/yyyy)

Age Next Birthday

Gender

Male

Female

Address 1

Address 2

Address 3

County

3. Foreign Tax Residency (Employee)

For Individual Plan Owners, Trustees, Beneficiaries, Appointors or Settlers

Are you resident in the U.S. for tax purposes or are you a U.S. citizen?

Yes

No

Are any of the plan owners, trustees or beneficiaries resident for tax purposes anywhere other than the Republic of Ireland or the U.S.?

Yes

No

If yes to either of above question then please provide details in section 3(a)

For Entities or Trusts (where sections 1(d), 1(e) or 1(f) have been completed)

If Yes please provide GIIN Number in section 3(a)

What type of company is this?

1) Financial Institution (including a professionally managed trust)

Yes

No

2) Registered Irish Pension Fund

Yes

No

If Yes please provide Revenue Charity Tax Exemption number in section 3(a)

3) Registered Irish Charity

Yes

No

If you have answered Yes to any of above then please complete section 3(a)

4) Actively Trading Company - Non financial institution

Yes

No

5) Non Trading Investment Body

Yes

No

If you have answered Yes to either of above then please complete the relevant Tax Status Declaration Form

3(a). Foreign Tax Resident Details (if applicable)

Please list the person's details and the country or countries in which they are resident for tax purposes, together with any tax identification numbers ('TIN') if relevant.

For an entity, insert company name and details.

Insert country of incorporation of the entity in brackets where different from country of tax residency.

Please complete a Foreign Tax Residency Supplementary form for any additional tax residencies.

Name	Plan Relationship	Country of Birth	Country of Tax Residency /Incorporation	Tax Identification Number \ GIIN \ Charity Tax Number
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Financial Institutions in Ireland are required under legislation to seek answers to questions or purposes of identifying accounts, the details of which are reportable to Irish Revenue for onward transmission to tax authorities in other jurisdictions.

The legislation incorporates the U.S. Foreign Account Tax Compliance Act (FATCA) and the organisation for Economic Cooperation and Development (OECD) Common Reporting Standard (CRS).

Please note that we reserve the right to request additional information or documentary evidence to support your declaration

Any acceptance and investment of your premium may be delayed should we have reason to doubt any of the information provided above.

Should any information provided change in the future, please ensure you advise us of the changes promptly.

If you require further information on the Common Reporting Standard please refer to the AEOI (Automatic Exchange of Information) webpage on Revenue.ie

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. Payment Details

5(a). Regular Payments

You must invest a minimum of €250 a month.

The current government levy on life assurance payments is 1%. We will pay this out of the money received from you.

How much do you wish to invest? €

Government Levy Amount €

Total Amount €

Payment Start Date

Payment Collection Date (1st to 28th only)

Payment frequency every month every three months every six months every year

Do you wish to index your payments? Yes No

If you index your payments, they will increase each year in line with inflation (minimum of 5%).

Source of Funds Details for Regular Payments*

Please give details of account drawn from:

Customer (Debtor) Name

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

*Please also complete SEPA Direct Debit Mandate

Note: A lump sum can not be accepted without regular contributions being made. Please attach a cheque if making a single lump sum payment.

5(b). Single Lump Sum Payment - Optional

The current government levy on life assurance payments is 1%. We will pay this out of the money received from you.

Single Payment Amount (minimum €650.00)	€	
Is this amount inclusive of the Government Levy?	Yes	No
Total Amount	€	

Source of Funds Details for Single Lump Sum Payment (if different from the above)

Personal cheque from plan owner(s) bank account	Yes	No
Encashment /Maturity proceeds of existing Irish Life plan	Yes	No

Please give details of account drawn from (if different from above):

Customer (Debtor) Name

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

Please give details of existing Irish Life plan:

5(c). Source of Wealth Details (to be completed for Single Lump Sum Payment only)

Salary, bonus or regular savings	Yes	No
Proceeds from maturity / encashment of plan with another life company	Yes	No
Early retirement or redundancy payment	Yes	No
Inheritance	Yes	No
Proceeds from the sale of investments or other assets	Yes	No
Windfall / compensation payments	Yes	No
Proceeds from maturity / encashment of Irish Life plan	Yes	No
Other (please specify):		

6. Fund Details

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

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/myonlineservices to see the most up-to-date fund information.

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	%
Strategic Asset Return Fund	%
Protected Consensus Markets Fund	%

Other Funds

%
%
%
%
%
%

7. Fund Switch Authority

If your plan is jointly owned, please tick this box to allow either owner the authority to switch funds

Please refer to relevant Fund Guide for the full range of funds available on this plan.

8. Transactions Authority

Assuming the plan owner is not different from the persons covered and the plan is not to be assigned or written in trust, please confirm who can authorise transactions

All Plan Owners Any Plan Owner First Person Covered Second Person Covered

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

9. 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

Savings and Investment Plan Declarations

Proposal Number:

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

Customer Review Number

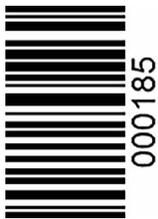
Plan Owner 1

Plan Owner 2

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 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

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)

Declaration of Customer

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

Signature of Customer

Date (dd/mm/yyyy)

Please sign and date
Please note that if you are signing on behalf of a company you should precede your signature with "for and on behalf of 'company name'..."

B. Plan Declaration

I understand that this declaration together with the other declarations I have given in this application are material to the decision of Irish Life Assurance to enter into the contract.

My contract with Irish Life Assurance plc comprises of:

- > The declarations in this application
- > All personal details given by me, and which will be recorded on my Plan Schedule
- > The plan terms and conditions
- > Payment of the agreed premium(s)

If I have answered 'no' to the FATCA questions in this application then by signing this form I confirm that there are no US citizens or residents in the US for tax purposes connected with this plan.

I certify that I have provided details of all of the countries in which I or other persons identified are resident for tax purposes along with the relevant Tax Identification Numbers. I acknowledge that the information contained in this form and other information that I may be required to submit to Irish Life may be provided to Revenue and that Revenue may exchange this information with the Tax Authorities in other countries in which I or other persons identified may be tax resident in.

I undertake to advise Irish Life of any change in circumstances that affect my tax residency or that of the other persons identified or causes the information herein to become incorrect and to provide Irish Life with a suitably updated self-certification and Declaration of such change of circumstances.

- > I confirm I have received the plan booklet.
- > I confirm that I received the relevant Key Information Document(s) and 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.

Please sign and date

Please note that if you are signing on behalf of a company you should precede your signature

with "for and on behalf of 'company name'..."

Plan Owner 1 Date (dd/mm/yyyy)

Plan Owner 2 Date (dd/mm/yyyy)

Life Assured Signature (if different to Plan Owners)

Life Assured 1 Date (dd/mm/yyyy)

Life Assured 2 Date (dd/mm/yyyy)

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

Information is correct as of February 2024 and is subject to change.

Irish Life Assurance plc, trading as Irish Life, is regulated by the Central Bank of Ireland.
Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1.
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Irish Life Assurance plc is registered in Ireland number 152576, VAT number 9F559239.