

# Inheritance Planning - Life Long Insurance (Section 72)

## 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 by using the contact details below.**

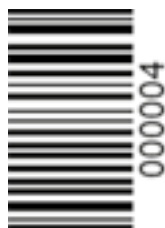
**Please read the questions carefully before answering them and use BLOCK CAPITALS. If any item is blank or illegible, this will cause a delay in processing your application.**

### 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.



### Profile Number

Profile

### 1(a). Personal Details First Person to be Covered

Title (Mr/Mrs/Ms etc)

First Name

Surname

Date of Birth (dd/mm/yyyy)

Age Next Birthday

Gender

Male

Female

Relationship Status

Single

Married

Widowed

Separated

Divorced

Registered Civil Partner

Country of Birth

During the last 12 months, which of the following best describes your smoking habits:

Smoker

Occasional smoker

Used nicotine replacement products or E-cigarettes

Non Smoker

Previous Surname (if any)

Occupation

Level of Earnings

€

each year

Address

Mobile Number

Home/Work Number

Email

Nationality

Are you Irish Resident for tax?

Yes

No

A Non-smoker has not smoked or used any nicotine replacement products or E-cigarettes in the last 12 months

We need this information to ensure that the level of cover suits your circumstances

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

## 1(b). Personal Details Second Person to be Covered

Title (Mr/Mrs/Ms etc)

First Name

Surname

Date of Birth (dd/mm/yyyy)

Age Next Birthday

Gender

Male

Female

Relationship Status

Single

Married

Widowed

Separated

Divorced

Registered Civil Partner

Country of Birth

During the last 12 months, which of the following best describes your smoking habits:

Smoker

Occasional smoker

Used nicotine replacement products or E-cigarettes

Non Smoker

Previous Surname (if any)

Occupation

Level of Earnings

€

each year

Address

Mobile Number

Home/Work Number

Email

Nationality

Are you Irish Resident for tax?

Yes

No

## 1(c). 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,

Yes

No

Director, Beneficial Owner (or have been within the last 12 months), a PEP or RCA ?

## 2. Inheritance Planning - Life Long Insurance (section 72)

Amount of Life Cover you want

€

Do you want Inflation Protection

Yes

No

Do you want this plan to be eligible for relief under Section 72 of the CAT Consolidation Act 2003?

Yes

No

You would usually do this if this plan is being used for inheritance tax planning.

If you intend to use this plan for inheritance tax planning, have you filled in a trust request form?

Yes

No

If 'No', please read and sign the statement below.

I am aware that if I do not fill in a Trust Form or provide for this plan in my will the proceeds may not qualify for relief under Section 72 of the CAT Consolidation Act 2003 and therefore my beneficiaries will have to pay more inheritance tax.

Signature of the first person to be covered

Date

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

Signature of the second person to be covered

Date

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

A Non-smoker has not smoked or used any nicotine replacement products or E-cigarettes in the last 12 months

We need this information to ensure that the level of cover suits your circumstances

We are obliged to establish tax residency to comply with Anti Money Laundering requirements

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

Because this plan is being used for inheritance tax planning, if there are two lives to be covered it must be set up as joint life - second death and the two lives must be husband and wife or registered civil partners.

Please sign and date

Please sign and date

### 3. Payment Details

Premium amount



Frequency of Direct Debit

Every Month

Every 3 Months

Every 6 Months

Every Year

1st to 28th of month

What date of the month do you want your Direct Debit taken?

If NO we will contact your financial adviser for confirmation of the start date

Cheques for regular contributions can only be made when contributions are made on a yearly basis and exceed €600

Do you want your cover to begin immediately, if accepted?

Yes

No

### 4. 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.

### 5. Register for My Online Services

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

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

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

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 Online Services & Paperless Communications?

Yes

No

# Underwriting Questions

**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.**

## Medical and Other Important Information

### Your personal health information:

In addition to our Irish Life Data Privacy Notice, the following is more detail relating to your personal health information that we collect and use in connection with this plan contract.

We need your relevant personal information and personal health information for underwriting decisions. This will determine whether we can offer cover and on what terms. We also need your relevant personal information and personal health information to assess and pay claims. If relevant, we will share your personal health information with reinsurers and Chief Medical Officers for underwriting and claims decisions. We can use your personal information and personal health information for any subsequent applications to Irish Life.

In addition to the personal health information we collect from you, we may request and receive your relevant personal health information from GPs, consultants, hospitals or other health professionals, and share your relevant personal health information with GPs, consultants, hospitals or other health professionals, if needed.

### Duty of Disclosure:

When deciding whether to insure you and when setting the terms and premium, we will rely on the information you have given us. You must answer all questions that we ask honestly and with reasonable care. Where we ask you to answer a specific question, the subject matter of the question is material to the risk we are undertaking or the calculation of the premium or both.

If your answers are not true and complete, we may be entitled to void the policy without return of premium, repudiate liability, treat the policy as if it had been entered on different terms, or limit the amount paid on foot of the contract of insurance.

You must tell us all relevant information when answering the questions asked. This includes disclosing tobacco consumption or use of nicotine replacement products including e-cigarettes. If you are not sure whether something is relevant to the questions asked, you should tell us anyway. We may also contact you if we need to ask you for further information on your answers or as part of any subsequent claim. We will rely on what you tell us and we will not automatically clarify or confirm any information you provide with your GP.

You can address any highly confidential information to Irish Life's Underwriting Team in a sealed envelope with your name, date of birth and application number (if applicable). You must refer to this information when answering your health questions.

If your answers to any of the questions in this application form change between the date you apply for cover and the date your application is accepted, you must let us know immediately as failure to do this may result in a claim being refused.

### Genetic Test Information:

You should not tell us about any genetic test (that is, any analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals) which you may have had. You must however, where required by our questions, tell us if you are having treatment for or experiencing symptoms of, a genetic condition. You will be asked for information about your family history, including all genetic conditions.

### Consent to Automated Decisions, including Profiling:

I agree to automated underwriting decisions being made about me based on set risk criteria and using my personal information, including personal health information. I understand this will make my application process quicker and that the automation is designed to reduce costs, improve efficiency, quality and consistency in underwriting decisions. I understand that I have the right to withdraw such consent at any time by emailing [dataprotectionqueries@irishlife.ie](mailto:dataprotectionqueries@irishlife.ie) or writing to Irish Life Data Protection Team. I also understand that I have the right to object and to request that a person review and make the final underwriting decision which may also be done by emailing [dataprotectionqueries@irishlife.ie](mailto:dataprotectionqueries@irishlife.ie) or writing to Irish Life Data Protection Team.

Life Assured 1

I agree

I don't agree

Life Assured 2

I agree

I don't agree

If you answer 'Yes' to any of the health questions, please give us full details including dates, investigations, results, diagnosis, symptoms and any follow up done or planned in the Medical Details - Other Medical Evidence section below

## Medical and Other Information (continued)...

	First Person		Second Person	
(1). Please give your height and weight	Feet	Inches	Feet	Inches
Female: If you're expecting a baby, please give weight before pregnancy.	Stones	lbs	Stones	lbs
OR			OR	
	Cms		Cms	
	Kg		Kg	

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	First Person		Second Person	
(2). Which of the following best describes your smoking habits:				
I am a smoker				
I am an occasional smoker or have smoked in the last 12 months				
I have used nicotine replacement products including E-cigarettes in the last 12 months				
I have not smoked or used nicotine replacement products including E-cigarettes in the last 12 months				
I am a life long non smoker				
If selected 'I am a smoker':				
What do you smoke and how many/ much a day?		number		number
	Cigarettes	per day	Cigarettes	per day
	Cigars	per day	Cigars	per day
	Pipe	per day	Pipe	per day

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(3). How many alcoholic drinks do you consume in a week? One alcoholic drink is a pint of beer, a glass of wine or one measure of spirits.	None		None	
	Up to 10		Up to 10	
	11 - 20		11 - 20	
	21 - 40		21 - 40	
	41 - 60		41 - 60	
	61 and over		61 and over	

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(4). Have you ever had treatment or advice from a doctor, counsellor or health care professional to stop or reduce alcohol?	Yes	No	Yes	No
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(5). In the last 10 years, have you used any recreational drugs? (Including but not limited to Cannabis, Cocaine, Ecstasy, Heroin, amphetamines, non-prescription sedatives, tranquilisers, or anabolic steroids)	Yes	No	Yes	No
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(6). In the last 10 years, has any insurer, including Irish Life offered you special terms - cover at an increased cost or with an exclusion or have you been postponed or declined for life, specified illness or income protection cover or have you made a claim for income protection or specified illness cover?	Yes	No	Yes	No
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(7). In the last 5 years, have you spent more than 3 months outside of the European Union (EU), United Kingdom (UK), United States of America (USA), Canada, New Zealand or Australia?	Yes	No	Yes	No
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## Medical and Other Information (continued)...

	First Person		Second Person	
(8). In the next 2 years, apart from holidays of less than 8 weeks duration, do you intend to travel, live or work outside of the European Union (EU), United Kingdom (UK), United States of America (USA), Canada, New Zealand or Australia?	Yes	No	Yes	No
(9). The ability to take part in exciting sporting activities has become more popular. Please indicate any/all of the following you participate in:				
Aviation sports (flying, gliding, parachuting)				
Climbing/mountaineering				
Diving				
Water sports				
Motorsports (car, bike, boat)				
Other extreme sports				
Martial arts or combat sports				
None of these				

### Have you ever had:

(10). any disease or disorder of the heart (including heart valves or circulatory system, heart attack, angina, cardiomyopathy, heart murmur, heart surgery or any disease of the arteries or peripheral vascular disease including poor circulation in the legs?	Yes	No	Yes	No
(11). a stroke, transient ischaemic attack (TIA), brain haemorrhage, brain injury, aneurysm or surgery to the blood vessels in your brain or neck?	Yes	No	Yes	No
(12). any form of cancer, tumour or malignant condition, leukaemia, Hodgkin's disease, lymphoma, melanoma, cancer-in-situ, benign brain tumour or any brain or spinal growth or cyst?	Yes	No	Yes	No
(13). any mental health disorder (including bipolar, mood disorder, personality disorder or eating disorder) which has required a hospital admission or to be seen by a psychiatrist or any other mental health services?	Yes	No	Yes	No
(14). multiple sclerosis, optic neuritis, paralysis, Parkinson's disease, Alzheimer's disease, dementia, cerebral palsy, muscular dystrophy, motor neurone disease or any neurological disorder? (a neurological disorder is a disorder which affects the brain, spinal cord or nerves)	Yes	No	Yes	No
(15). a positive hepatitis B or hepatitis C or HIV test or are you waiting for the results of such a test?	Yes	No	Yes	No

Other mental health services include community mental health team (CMHT) out patient community services, day hospital/centre, addiction counsellor, residential unit.

### In the last 5 years have you:

(16). had high blood pressure, high cholesterol, chest pains, atrial fibrillation, shortness of breath, palpitations or an irregular heart beat?	Yes	No	Yes	No
(17). had diabetes (Type 1, Type 2, pregnancy related), impaired glucose tolerance, sugar in the urine, thyroid problems or goitre?	Yes	No	Yes	No
(18). noticed or had advice or treatment for any cyst, lump or growth or any mole or freckle which has become painful, changed colour or appearance or increased in size or bled, whether seen by a doctor or not?	Yes	No	Yes	No

## Medical and Other Information (continued)...

Medical and Other Information (continued)		First Person		Second Person		
You do not need to tell us about Vision corrected by lenses or glasses	(19).	been diagnosed with or had treatment for asthma, bronchitis, sarcoidosis, emphysema, chronic obstructive pulmonary disorder (COPD), pneumonia, sleep apnoea or had any lung or breathing problems?	Yes	No	Yes	No
	(20).	had symptoms of, investigations or treatment for epilepsy, seizure, fits, fainting, dizziness, or blackouts?	Yes	No	Yes	No
	(21).	had symptoms of, investigations or treatment for trembling, numbness, pins and needles, loss of feeling or tingling in face, hands or feet or temporary loss of muscle power?	Yes	No	Yes	No
	(22).	had any symptoms of or treatment for any disorder of your eyes including any visual disturbance, such as double vision or blurred vision or any disorder of your ears including hearing impairment, tinnitus, vertigo, repeated episodes of dizziness or problems with balance?	Yes	No	Yes	No
	(23).	have you had any disorder of the digestive system, stomach, pancreas, bowel or liver including Crohn's disease, ulcerative colitis, hepatitis, Barrett's oesophagus, polyps, ulcer or any other disorders of the digestive system?	Yes	No	Yes	No
You do not need to tell us about broken fingers or toes, c-section, infertility treatment, miscarriage or pregnancy without complications	(24).	had symptoms of or treatment for abnormalities of your kidney, bladder, prostate or reproductive system including kidney cysts or stones, urinary tract infection or the presence of blood or protein in your urine	Yes	No	Yes	No
	(25).	had advice, investigations or treatment for any blood disorder including haemochromatosis, anaemia, vitamin B12 deficiency or any other blood or clotting disorder?	Yes	No	Yes	No
	(26).	had any symptoms, treatment or advice for stress, depression, anxiety, low mood, self harm, chronic fatigue, myalgic encephalomyelitis (M.E.) or fibromyalgia?	Yes	No	Yes	No
	(27).	had any symptoms of or treatment for: <ul style="list-style-type: none"><li>any back or neck pain including sciatica, trapped nerves or whiplash ,</li><li>any joint pain or disorder of the knees, hips, ankles, shoulders, elbows or wrists,</li><li>any type of arthritis or gout,</li><li>any muscular pains, cartilage, ligament or tendon injuries?</li></ul>	Yes	No	Yes	No
	(28).	had or been advised to have a surgical operation or any medical investigation including blood test, CT scan, MRI imaging, scope, X-Ray, biopsy, or have you had an abnormal cervical screening, mammogram or prostate specific antigen (PSA)?	Yes	No	Yes	No
Maternity, paternity, adoptive, leave or career breaks do not need to be disclosed.	(29).	seen or been advised to see any specialist as an in-patient or out-patient at any hospital or clinic or are you under regular review with your GP or specialist for any other illness or condition not already mentioned?	Yes	No	Yes	No
	(30).	<b>In the last 3 years</b> , have you been unable to work for more than four consecutive weeks at a time?	Yes	No	Yes	No

## Medical and Other Information (continued)...

### First Person

### Second Person

- (31). In the last 3 months have you had any symptoms of ill health for which you have not sought medical advice such as unexplained bleeding, weight loss, change of bowel habit, unexplained lump or growth, breathing problems or shortness of breath, or a cough that's lasted for 4 weeks or more?
- (32). Have you been hospitalised for Coronavirus/COVID-19? (You do not need to tell us about any diagnosis of Coronavirus/COVID-19 unless you were hospitalised.)

Yes No Yes No

Yes No Yes No

- (33). Apart from anything you have already told us in the previous answers - are you currently taking or have you been advised to take prescribed drugs, medicines, tablets or any other treatment lasting more than two weeks within the last year?

Yes No Yes No

- (34). Have any of your parents, brothers or sisters ever had any of the following conditions before age 60?

Yes No Yes No

Heart disease (angina, heart attack, bypass surgery) - Stroke - Cardiomyopathy - Diabetes Type 2 - Cancer (Bowel, Prostate, Breast, Ovarian or other site) Familial Polyposis of the Colon - Polycystic Kidneys - Multiple Sclerosis - Motor Neurone Disease - Parkinson's disease - Dementia/Alzheimer's disease - Muscular Dystrophy - Huntington's disease - Haemochromatosis

### First Person

### Second Person

Condition Suffered	Age Started	Condition Suffered	Age Started
Father			
Mother			
Brothers			
Sisters			

- (36). Have you undergone or been advised to have any tests or investigations for any disorder which runs in your family? (You should not tell us about any genetic test which you may have had)

Yes No Yes No

Only to be completed for  
Income Insurance

## Other questions for Income Insurance

### First Person

### Second Person

- a). Are you self employed?
- b). Do you work more than 50 hours in an average working week?
- c). Does your job involve business driving (not including commuting) of more than 20,000 Kms per annum?
- d). Do you work at heights in excess of 30 Feet?
- e). Do you work offshore or underground?
- f). Does your occupation require you to spend more than 50% of your time performing manual work (physical mobility, lifting or carrying)?

Yes No Yes No

Yes No Yes No

Yes No Yes No

Yes No Yes No

Yes No Yes No

Yes No Yes No



## Medical Details – Other Medical Evidence

Is there any other medical evidence you would like to disclose in relation to the specific health questions above?

First Person

Question No

Second Person

Question No

Will there be a Fast Track Questionnaire or any other questionnaires accompanying the application form?	First Person		Second Person	
	Yes	No	Yes	No

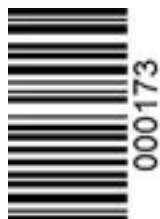
Please give the name and address of your doctor.

First Person

Second Person

If you have changed doctor in the last year, please give the name and address of your previous doctor as well.

# Protection Plan Declarations



## Proposal Number:

Customer Review Number

Name Life Assured 1

Name Life Assured 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 insurance 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

(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 (dd/mm/yyyy)

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

This includes:  
Canada Life  
Progressive Life

Please sign and  
date

## Declaration of Customer:

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

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

Plan Owner 2

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

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

## B. Plan Declaration

I understand and agree that information that I have provided in the declarations in this form, my completed application form (online or otherwise), any supplementary questions answered, any statements made to Irish Life in writing or by telephone, and / or any information I give to a medical examiner or nurse acting for Irish Life are material to the decision of Irish Life Assurance plc (Irish Life) to enter into this contract, on these terms and for the calculation of premium and that Irish Life has relied on this information in so doing. My contract with Irish Life comprises the plan schedule, the terms and conditions booklet and any extra rules which Irish Life head office staff may add in writing.

I have read and understand the important information about my obligation to answer all questions asked by Irish Life in connection with the application and I understand that if I do not answer these questions honestly and with reasonable care, Irish Life will be entitled (depending on the breach) to declare the plan void, refuse my claim, treat my insurance as if it was entered on different terms, or reduce my claim. If this happens, I understand and acknowledge there may be no cover under the plan, Irish Life may not refund my premiums and Irish Life may not pay a claim.

I declare that all answers I have provided, including those about tobacco consumption or use of nicotine replacement products including e-cigarettes, are true and complete. I declare that I have answered all of the questions in this form honestly and with reasonable care.

I understand that I must tell Irish Life in writing about any changes in my answers to the specific questions in this application form between the time I applied for cover and the date my application is accepted.

I understand that this plan will not start until Irish Life has accepted me for cover and I have paid the first payment. 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 Irish Life can use my personal information for any subsequent applications to Irish Life.

I authorise Irish Life to request and receive my personal health information now (or as part of any claim assessment including after my death) from any GPs, consultants, hospitals or other health professionals who at any time has attended me concerning my physical or mental health and to share my personal health information with any health professional for the purpose of processing my application and assessing claims.

- I confirm I have read and understood the Medical and Other Important Information section.
- I confirm I have received the product booklet and Customer Information Notice.
- I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.

## Declaration of Customer(s)

I have read and understood the Plan Declaration and have also received the product booklet.

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

Plan Owner 2

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

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

### If different from above:

Life Assured 1

Life Assured 2

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

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

## 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](mailto: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.

Plan Owner 1	I agree	I don't agree
Plan Owner 2	I agree	I don't agree

### If different to Plan Owner

Life Assured 1	I agree	I don't agree
Life Assured 2	I agree	I don't agree

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## 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)

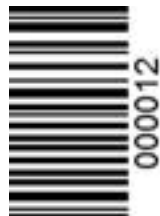
Payment frequency

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, in conjunction with verified signature provider, 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

Type of payment

Creditor's name and address



Recurrent ☐

# Inheritance Tax Trust Form - Single Life and Joint Life

Please note that just one Trust Form will apply to you.

**The following Trust Forms can be used where an Inheritance Tax plan is being set up to nominate beneficiaries who will become entitled to the proceeds of the plan in the event of the death of the life / lives assured. The Settlor, who is also the Trustee of the plan, is applying for the Trust to be created from the commencement of the plan. The appropriate Trust Form is completed at the same time as the application form. Please make sure to use the correct Trust Form.**

**For more information on Irish Life's various Trust Forms and how they work please contact your financial advisor.**

Where you are using this Trust Form, Anti-Money Laundering legislation now requires each EU Member State to establish a Central Register of Beneficial Ownership of Trusts (CRBOT).

The purpose of the CRBOT is to help prevent money laundering and terrorist financing by improving transparency on who ultimately owns and controls Irish trusts.

The CRBOT will contain details of relevant trusts and their beneficial owners. Trustees must submit these details to Revenue, who will manage the CRBOT. For more information on how to register visit <https://revenue.ie/en/crbot/index.aspx>

**New Trusts will have six months from the moment the plan is active to register with Revenue**

Proof of registration on the Central Register of Beneficial Ownership of Trusts or a declaration by you, the trustee of the trust, that the trust will be registered, will be needed when you apply for a savings, protection or investment plan where the plan is written subject to a Trust.

Please sign the declaration below to state you have registered the required information on CRBOT or that you undertake to do so within the required 6 months. Where you have already registered please include a copy of your registration confirmation with your application form.

The information you, as Trustee of this Trust, must submit to Revenue in relation to each beneficial owner of the Trust, is below;

- > Name
- > Beneficial Owner Type (Settlor, Beneficiary, Trustee etc)
- > Month & Year of Birth
- > Country of Residence
- > Nationality
- > Nature and Extent of Interest Held
- > PPSN (not required by Irish Life but required by CRBOT)

In general, a beneficial owner is any one of the following

- > Any individual who is entitled to a vested interest in the trust
- > A class of beneficiaries, such as a trust set up for the benefit of a group of beneficiaries e.g. "The Poor of County XXX"
- > Any individual who has control over the trust
- > The settlor
- > The trustee

## How do I submit the information?

- > From 26th July 2021 trustees (or their agents, advisors or employees) can register for the CRBOT, through a 'Trust Register' portal on Revenue's Online Service (ROS) - <https://www.revenue.ie/en/online-services/services/trust-register/index.aspx>
- > For individual filers who do not have a business tax registration number, the 'Trust Register' is available on MyAccount.
- > Trustees must submit a Trust Register TAIN Link notification on ROS if they are acting in a representative capacity.
- > FAQs to assist in the registration process via <https://www.revenue.ie/en/crbot/documents/access-to-the-trust-register-faq.pdf>
- > Trustees not already registered for ROS must first obtain a Trust Register TAIN number before they can register for ROS.

**Please sign the declaration below to confirm you have registered the relevant information on the CRBOT for this Trust**

Declaration : I/We

as Trustee(s) of this trust associated with

plan no \_\_\_\_\_ have registered the details with Revenues Central Register of Beneficial Ownership of Trusts (CRBOT)  
or undertake to do so within the required 6 months.



**Please note** that if there are changes to the beneficial ownership of a trust these changes must be updated on the Trust Register (and this obligation is referred to as the "follow up obligation")

# Inheritance Tax Trust Form - Single

This Trust Form is provided by Irish Life Assurance plc.

## Who is the Settlor and what power does the Settlor have?

- > The Settlor is the Life Assured on the plan and under the attached Trust Form, is also the initial Trustee. At Section 1, please fill in the name and address of the Life Assured (i.e. First Person to be covered), along with the date the application form for cover was completed.
- > The Settlor has the power to appoint a new or additional Trustee and could also remove any such Trustee.
- > Section 4 of the Trust Form allows the Settlor to nominate someone who has the power to appoint a Trustee after the Settlor's death, in the case where there is no Trustee available. This nominated person can be changed by the settlor at any time. If no-one has been nominated, the Legal Personal Representative of the Settlor's Estate has the power to appoint Trustees after the death of the Settlor.

## Who are the Trustees and what power do they have?

- > The Trustees are the legal owners of the plan and are directed to hold the plan for the benefit of the Beneficiaries.
- > The Trust Form provides that the Settlor is the initial Trustee and gives him/her the power to appoint additional Trustees if he/she so wishes. The form does not make any provision for the appointment of such additional Trustees at outset, but they may be added at any time. Irish Life must be informed in writing of any such appointment of additional Trustees.
- > The powers of the Trustees are outlined in Section 5 of the Trust Form.
- > Irish Life can only deal with Trustees, the legal owners of the plan, in all future events. We request that we be notified in writing by the Trustees of any change in circumstances of this Trust, such as any appointment, resignation, dismissal, removal, retirement, revocation or any other act of the Settlor or Trustees.

## Who is the nominated person on the death of the Settlor and what power does he/she have?

- > As stated above, Section 4 of the Trust Form makes provision for the appointment of a nominated person who has the power to appoint a Trustee after the Settlor's death, where there is no Trustee available. If this power is to remain with the Settlor and on his/her death, to go to the Legal Personal Representative of the estate, please leave Section 4 blank. If a nominated person is to be appointed, please insert their name, address and date of birth in the space provided.

## Who are the Beneficiaries?

- > A Beneficiary is a person for whom the plan is held by the Trustees.
- > If no Beneficiaries are specified under Section 3(a) of the Trust Form, the life cover amount will be paid out to all beneficiaries of the Estate, in their respective proportions. Therefore, if you wish to provide for the liabilities of all beneficiaries of the Estate, please leave Section 3 blank. The life cover amount will then be split between all beneficiaries of the Estate in the same proportion as their liability bears to the entire inheritance tax liability. Any surplus will be paid into the Settlor's Residue\* and will be taxable.
- > The Settlor can specify in Section 3 who the Beneficiaries of the plan will be on death and the life cover amount will be paid out to those Beneficiaries in the same proportion as their individual liability bears to their combined liabilities. Any surplus will be paid into the Settlor's Residue and will be taxable.

## What happens on death?

- > On the death of the Settlor, we will pay the life cover amount to the Trustees, who will pay over to the Beneficiaries, who will use it to pay their inheritance tax liabilities. If the Settlor is the only Trustee, we will then either pay over to the Legal Personal Representative of the Estate or to whoever has been appointed by the nominated person under Section 4, as Trustee.
- > If there is a surplus remaining, after paying the inheritance tax of the Beneficiaries, it is paid into the Settlor's Residue and will be taxable.
- > If the plan no longer qualifies for relief under Section 72, the life cover amount will be paid into the Settlor's Residue and will be taxable.

\*Residue refers to that part of the Estate remaining after all specific inheritances have been paid.

### Please Note

Whilst every care has been taken in the preparation of this form, Irish Life cannot accept any responsibility for its appropriateness to any particular case. It is recommended that intending Settlers should refer this Trust Form to their own Solicitor for examination.

## Declaration of Trust

Insert the name and address of the Settlor / Life assured here.

Details for this person will need to be inserted in the Register.

Insert the date of the application in the space provided

In respect of a sole life plan to be issued pursuant to Section 72 of the CAT Consolidation Act 2003

1. I,  
of  
declare that I have submitted to Irish Life Assurance plc a form of proposal dated \_\_\_\_\_ seeking a plan of insurance on my life, the plan sought being one that is expressed to be effected as a qualifying insurance plan' within the meaning of Section 72 of the CAT Consolidation Act 2003 (previously Section 60 of the 1985 Finance Act). In this document I refer to myself as 'the Settlor' to Irish Life Assurance plc as 'the Company' and to the said qualifying insurance plan as 'the Plan'. The expression 'trustees' shall embrace me the Settlor as initial trustee and such other persons as may hereafter be appointed to assist or succeed me.
2. As Settlor I hereby acknowledge and declare that the Plan stands to be effected in conformity with the requirements of the Revenue Commissioners for the purpose of paying 'relevant tax' as defined in the said Section 72, and I declare that I have requested the Company to issue the Plan to me as a trustee to hold the same and the benefits which may thereunder accrue upon the trusts now by me declared.
3. The trusts that as Settlor I so declare, and which as trustee for the time being I hereby assume, are to hold the Plan and the benefits which may thereunder accrue:
  - (a) UPON TRUST, if a benefit of the plan shall become payable by reason of my death while the Plan is still a qualifying insurance plan within the meaning of Section 72 of the CAT Consolidation Act 2003 (as amended), to pay Relevant Tax for which any of my successors is primarily accountable, in such proportions as I shall by deed appoint (and in default of and subject to any appointment), to pay Relevant Tax for which the following persons shall be primarily accountable in the proportion to which they shall be accountable.

The beneficiaries nominated here will benefit from the plan on the death of the plan owner(s).

Details for the beneficiaries will need to be inserted in the Register.

Beneficiary Name

Role in Trust

DOB

Country of Residence

Nationality

% Held In Trust

Beneficiary Name

Role in Trust

DOB

Country of Residence

Nationality

% Held In Trust

Beneficiary Name

Role in Trust

DOB

Country of Residence

Nationality

% Held In Trust

Beneficiary Name

Role in Trust

DOB

Country of Residence

Nationality

% Held In Trust

Beneficiary Name

Role in Trust

DOB

Country of Residence

Nationality

% Held In Trust

If this section is not completed the proceeds will be used to pay Relevant Tax for all beneficiaries in their respective proportions.

- (b) UPON TRUST, if there is a surplus remaining due under the Plan after paying Relevant Tax, or if the Plan ceases at the date of my death to be a qualifying insurance plan, to transfer the surplus to the legal personal representative or representatives of my estate.



### Supplementary provisions

4. The power to appoint new or additional trustees shall during my life be vested in me the Settlor.

The person with the power to nominate a Trustee on the death of the Settlor is named here. This is the Appointor

After my death that power shall be vested in

Address

Date of Birth

or in such other person as I may hereafter by notice in writing to the Company substitute therefore, or if no person is nominated, in my personal representative or representatives.

### Trustees' Powers

5. In addition to the general powers of trustees at law, the trustees shall have the following powers:
- (a) to exercise any rights or options under the Plan.
  - (b) to invest the Plan monies or capital or income derived from the Plan in assets including life assurance plans and annuities as if the trustee or trustees were the absolute beneficial owners of the Plan.
  - (c) if at any time a trustee is engaged in a profession or business he may be paid for the work in connection with this trust done by him (or by his employee or associate in such profession or business) such reasonable charges as arise in the ordinary course of that profession or business.

The Settlor / Trustee signs here. The signature must be witnessed. Insert the date you completed the Trust Form. This should be the same as the date you completed your application form.

Signed (Settlor)

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

Date (dd/mm/yyyy)

Witness

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

Date (dd/mm/yyyy)

### Please Note

Whilst every care has been taken in the preparation of this form, Irish Life cannot accept any responsibility for its appropriateness to any particular case. It is recommended that intending Settlers should refer this Trust Form to their own Solicitor for examination.

Irish Life Assurance plc, trading as Irish Life, is regulated by the Central Bank of Ireland.

# Inheritance Tax Trust Form - Joint life, second death

This Trust Form is provided by Irish Life Assurance plc.

Please note that just one Trust Form will apply to you

## Who is the Settlor and what power does the Settlor have?

- > The Settlers are the lives assured on the plan and under the attached Trust Form, are also the initial Trustees. At Section 1, please fill in the name and address of the Lives Assured (i.e. Persons to be covered), along with the date the application form for cover was completed.
- > The Settlers have the power to appoint a new or additional Trustee and could also remove any such Trustee. On the death of one Settlor, the power to appoint Trustees remains with the surviving Settlor.
- > Section 4 of the Trust Form allows the Settlers to nominate someone who has the power to appoint a Trustee after the death of both Settlers, in the case where there is no Trustee available. This nominated person can be changed by either settlor at any time. If no-one has been nominated, the Legal Personal Representative of the surviving Settlor's Estate has the power to appoint Trustees after the death of the surviving Settlor.

## Who are the Trustees and what power do they have?

- > The Trustees are the legal owners of the plan and are directed to hold the plan for the benefit of the Beneficiaries.
- > The Trust Form provides that the Settlers are the initial Trustees but they may appoint additional Trustees if they so wish. The form does not make any provision for the appointment of such additional Trustees, but they may be added at any time. Irish Life must be informed in writing of any such appointment of additional Trustees.
- > The powers of the Trustees are outlined in Section 5 of the Trust Form.
- > Irish Life can only deal with Trustees, the legal owners of the plan, in all future events. We request that we be notified in writing by the Trustees of any change in circumstances of this Trust, such as any appointment, resignation, dismissal, removal, retirement, revocation or any other act of the Settlers or Trustees.

## Who is the nominated person on the death of the Settlor and what power does he/she have?

- > As stated above, Section 4 of the Trust Form makes provision for the appointment of a nominated person who has the power to appoint a Trustee after the surviving Settlor's death, where there is no Trustee available. If this power is to remain with the

Settlers, and on second death, to go to the Legal Representative of the surviving Settlor's Estate, please leave Section 4 blank. If a nominated person is to be appointed, please insert their name, address and date of birth in the space provided.

## Who are the Beneficiaries?

- > A Beneficiary is a person for whom the plan is held by the Trustees.
- > If no Beneficiaries are specified under Section 3(a) of the Trust Form, the life cover amount will be paid out to all beneficiaries of the surviving Settlor's Estate, in their respective proportions. Therefore, if Section 3 is left blank, the life cover amount will be split between all beneficiaries of the surviving Settlor's Estate in the same proportion as their liability bears to the entire inheritance tax liability. Any surplus will be paid into the surviving Settlor's Residue\* and will be taxable.
- > The Settlor can specify in Section 3 who the Beneficiaries of the plan will be on the death of the surviving Settlor and the life cover amount will be paid out to the named Beneficiaries in the same proportion as their individual liability bears to their combined liabilities. Any surplus will be paid into the surviving Settlor's Residue and will be taxable.

## What happens on death?

- > On the death of the surviving Settlor, we will pay the life cover amount to the Trustees, who will pay over to the Beneficiaries, who will use it to pay their inheritance tax liabilities. If the Settlers are the only Trustees, we will then either pay over to the Legal Personal Representative of the surviving Settlor's Estate or to whoever has been appointed by the nominated person under Section 4, as Trustee.
- > If there is a surplus remaining, after paying the inheritance tax of the Beneficiaries, it is paid into the surviving Settlor's Residue and will be taxable.
- > If the plan no longer qualifies for relief under Section 72, the life cover amount will be paid into the Settlor's Residue and will be taxable.

\*Residue refers to that part of the Estate remaining after all specific inheritances have been paid.

## Please Note

Whilst every care has been taken in the preparation of this form, Irish Life cannot accept any responsibility for its appropriateness to any particular case. It is recommended that intending Settlers should refer this Trust Form to their own Solicitor for examination.

## Declaration of Trust

Insert the name and address of the Settlers / Lives Assured here.

Details for these individuals will need to be inserted in the Register.

Insert the date of the application in the space provided

In respect of a joint - life second death plan to be issued pursuant to Section 72 of the CAT Consolidation Act 2003 (Please insert the names of both Settlers)

1. I,  
of  
and,  
of

declare that we have submitted to Irish Life Assurance plc a form of proposal dated seeking a plan of insurance on our lives, the plan sought being one that is expressed to be effected as a qualifying insurance plan' within the meaning of Section 72 of the CAT Consolidation Act 2003 (previously Section 60 of the 1985 Finance Act). In this document we refer to ourselves as 'the Settlers' to Irish Life Assurance plc as 'the Company' and to the said qualifying insurance plan as 'the Plan'. The expression 'trustees' shall embrace us the Settlers as initial trustees and such other persons as may hereafter be appointed to assist or succeed us as trustees.

2. We the Settlers hereby acknowledge and declare that the Plan stands to be effected in conformity with the requirements of the Revenue Commissioners for the purpose of paying 'relevant tax' as defined in the said Section 72, and we declare that we have requested the Company to issue the Plan to us as trustees to hold the same and the benefits which may thereunder accrue upon the trusts now by us declared.
3. The trusts that we as Settlers so declare, and which we as trustees for the time being hereby assume, are to hold the Plan and the benefits which may thereunder accrue:
  - (a) UPON TRUST, if a benefit of the plan shall become payable by reason of the death of us the Settlers or one of us while the Plan is still a qualifying insurance plan within the meaning of Section 72 of the CAT Consolidation Act 2003 (as amended), to pay Relevant Tax for which any of our successors is primarily accountable, in such proportions as we the Settlers or the survivor of us shall by deed appoint (and in default of and subject to any appointment), to pay Relevant Tax for which the following persons shall be primarily accountable in the proportion to which they shall be accountable.

The beneficiaries nominated here will benefit from the plan on the death of the plan owner(s).

Details for the beneficiaries will need to be inserted in the Register.

Beneficiary Name

Role in Trust

DOB

Country of Residence

Nationality

% Held In Trust

Beneficiary Name

Role in Trust

DOB

Country of Residence

Nationality

% Held In Trust

Beneficiary Name

Role in Trust

DOB

Country of Residence

Nationality

% Held In Trust

Beneficiary Name

Role in Trust

DOB

Country of Residence

Nationality

% Held In Trust

Beneficiary Name

Role in Trust

DOB

Country of Residence

Nationality

% Held In Trust

If this section is not completed the proceeds will be used to pay Relevant Tax for all beneficiaries in their respective proportions

- (b) UPON TRUST, if there is a surplus remaining due under the Plan after paying Relevant Tax, or if the Plan ceases at the death of the surviving Settlor to be a qualifying insurance plan, to transfer the surplus to the legal personal representative or representatives of the surviving Settlor to hold as part of his or her estate.

**Note:** Benefit is only payable on the second death of the two settlors.

### Supplementary provisions

4. The power to appoint new or additional trustees shall during my life be vested in the Settlers and in the survivor of them. After the death of the survivor of the Settlers that power shall be vested in

The person with the power to nominate a Trustee on the death of the Settlers is named here. This is the Appointor

Address

Date of Birth

or in such other person as the Settlers or the survivor of them may hereafter by notice in writing to the Company substitute therefore, or if no person is nominated, in the personal representative or representatives of the survivor of the Settlers.

### Trustees' Powers

5. In addition to the general powers of trustees at law, the trustees shall have the following powers:
- (a) to exercise any rights or options under the plan.
  - (b) to invest the Plan monies or capital or income derived from the Plan in assets including life assurance plans and annuities as if the trustee or trustees were the absolute beneficial owners of the Plan.
  - (c) if at any time a trustee is engaged in a profession or business he may be paid for the work in connection with this trust done by him (or by his employee or associate in such profession or business) such reasonable charges as arise in the ordinary course of that profession or business.

The Settlers/ Trustees sign here. The signatures must be witnessed. Insert the date you completed this Trust Form. This should be the same as the date you completed your application form.

Signed (Settlor 1)

Date (dd/mm/yyyy)

Witness

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

Signed (Settlor 2)

Date (dd/mm/yyyy)

Witness

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

### Please Note

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Irish Life Assurance plc, trading as Irish Life, is regulated by the Central Bank of Ireland.