



STANDALONE LIFE OPTIONS LIFE INSURANCE 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 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(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

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 ☐

Please note that your smoking status on your current plan will apply to your converted plan.

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

We are obliged to establish tax residency 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

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

☐

Please note that your smoking status on your current plan will apply to your converted plan.

1(c). Plan Owner Details

Will the owner of this plan be different from the life/s covered?

Yes

☐

No

☐

Plan Owner Title (Mr/Mrs/Ms etc)

Plan Owner First Name

Plan Owner Surname

Date of Birth (dd/mm/yyyy)

Mobile Number

Home/Work Number

Email

Nationality

Insurable interest / Reason for Cover

Company Name (if owner is a company)

Plan Owner Address

Is the plan to be issued in trust?

Yes

☐

No

☐

1(d). 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 ?

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

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

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

2. Life Options Life Insurance Plan (Unit Linked)

Term of Cover

Standard (to age 65) ☐ Whole of Life ☐ 20 yrs ☐ other, please give details yrs

First person

Second person

Amount of Life Cover you want (if any)

€

€

Amount of Specified Illness Cover you want (if any)

€

€

If you have chosen Specified Illness Cover, which type do you want?

Accelerated ☐

Accelerated ☐

Independent ☐

Independent ☐

Warning: The current premium may increase after year 10.

3. Payment Details

Premium amount

€

Frequency of Direct Debit

Every Month ☐

Every 3 Months ☐

Every 6 Months ☐

Every Year ☐

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

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. Communications and Transactions

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 ☐

Only Any Plan Owner ☐

First Person Covered ☐

Second Person Covered ☐

How would you like to receive your plan communications from us? (for example, your welcome pack, letters and regular statements). Please tick one option:

First Person Covered

☐ Online

☐ By Paper Post

Second Person Covered

☐ Online

☐ By Paper Post

Plan Owner

☐ Online

☐ By Paper Post

Plan Schedule by post everything else electronically

Yes ☐

No ☐

Is the application in connection with a mortgage?

Yes ☐

No ☐

Is the cover amount required less than or equal to the mortgage amount?

Yes ☐

No ☐

Would you like the original plan schedule to be sent to the adviser?

Yes ☐

No ☐

Is the plan being set up under a conversion of an existing Irish Life Plan?

Yes ☐

No ☐

Is the plan under which the conversion is being exercised assigned or held in trust?

Yes ☐

No ☐

Please provide Plan Number or Group Scheme name/number Under which the conversion is being exercised

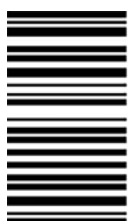
Plan number

Group Scheme name/number



PROTECTION

DECLARATIONS AND CONSENTS



000173

Proposal Number:

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Customer Review Number

[illegible]

Name Life Assured 1

[illegible]

Name Life Assured 2

[illegible]

Financial Adviser Name

[illegible]

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:

This includes:
Canada Life
Progressive Life

- Yes, this plan is replacing an Irish Life plan

C

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

C

No, this plan is not replacing another plan

C

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.



Please sign and date

Signature of Financial Adviser

X	
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Date (dd/mm/yyyy)

		/		/			
--	--	---	--	---	--	--	--

Declaration of Customer:

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



SIGN HERE

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

X

Plan Owner 2

X

Date (dd/mm/yyyy)

/

Date (dd/mm/yyyy)

/

B. Plan Declaration

I understand and agree that my contract with Irish Life Assurance plc (Irish Life) will be based on 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, any information I give to a medical examiner acting for Irish Life and all terms and conditions given to me by Irish Life.

I have read and understand the important information about my obligation to tell Irish Life about all material facts in connection with the application and I understand that if I do not tell Irish Life all material facts, this contract could be void. If this happens, I understand and acknowledge there will be no cover under the plan, Irish Life will not refund my premiums and Irish Life will not pay a claim.

I declare that all information, statements and answers I have provided, including those about tobacco consumption or use of nicotine replacement products including e-cigarettes, are true and complete.

I understand that I must tell Irish Life in writing about any changes in my health, circumstances, or any answers to the questions in this application form change 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
- Any information in this record is, false, incorrect or incomplete

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.



SIGN HERE

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

X

Plan Owner 2

X

Date (dd/mm/yyyy)

/

Date (dd/mm/yyyy)

/

If different from above:



Please sign and date

Life Assured 1

X

Life Assured 2

X

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 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 ☐





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)

X

X

* 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

Type of payment

☒ Recurrent

Creditor's name and address

