

# Transfer to Guaranteed Whole of Life Cover Plan

**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.**

Alterations Team - Policy Review Guaranteed Option

Existing Plan No

Financial Adviser Code

## Option 1

**Replace** your existing plan with the new Guaranteed Whole of Life Cover plan\*

You wish to take out a new Guaranteed Whole of Life Cover plan and fully cancel your existing plan

Or

## Option 2

**Set up** the new Guaranteed Whole of Life Cover plan\* **and** alter the benefits on your existing plan

You wish to take out a new Guaranteed Whole of Life Cover plan and alter the benefits on your existing plan.

Please confirm the revised benefits that you would like to apply to your existing plan:

Revised Premium:

**Life 1 Benefits:**

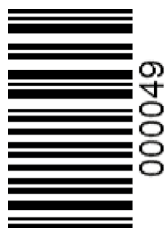
From

To

**Life 2 Benefits:**

From

To



## 1. Plan Owner Details

### 1(a). Personal Plan Owner 1

Title (Mr/Mrs/Ms etc)

First Name

Surname

Date of Birth (dd/mm/yyyy)

Mobile Number

Email Address

### 1(b). Personal Plan Owner 2

Title (Mr/Mrs/Ms etc)

First Name

Surname

Date of Birth (dd/mm/yyyy)

Mobile Number

Email Address

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

### 2(a). Life Assured 1

Title (Mr/Mrs/Ms etc)

First Name

Surname

Date of Birth (dd/mm/yyyy)

### 2(b). Life Assured 2

Title (Mr/Mrs/Ms etc)

First Name

Surname

Date of Birth (dd/mm/yyyy)

**NOTE:** The Life cover amount cannot exceed the lower of your current Life cover amount or €30,000

## 3. New Guaranteed Whole of Life Cover Details

Life Assured 1 - Cover amount:\*

Life Assured 2 - Cover amount\*

**\*Life cover is the only benefit included in the Guaranteed Whole of Life Cover Plan. You will automatically be provided cover on the same basis (joint life / dual life) as the existing plan.**

Debit date must be from 1st to 28th of month

Premium\*\*

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?

Plan Start Date: This plan will commence with effect from the review date of your existing plan or, if later, the date of receipt of all requirements.

If this new Guaranteed Whole of Life Cover plan is to be used for Inheritance tax purposes please tick this box

**In order for your policy to qualify under inheritance tax planning, please ensure that the policy particulars meet the current Revenue guidelines**

#### Important notes:

1. \*\*The quote provided in your Policy Review Options letter takes into account any loadings / special terms that were applied on your existing plan.
2. The information we have on our systems under your existing plan was used as the basis for any calculations.
3. If your existing plan is assigned we will require a release of assignment **before** processing this application and issuing the new plan.

## 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 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

## 6. 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's name(s)

Address(es)

has/have been provided with the information specified in Schedule 1 (Customer Information Notice) to those Regulations and that I have advised the customer(s) 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.**

## 7. Declaration

I confirm that I have received in writing the information specified in the Declaration of Insurer/Financial Advisor above. I understand and agree that my new plan contract is comprised of this application and declaration, the terms and conditions of this policy and all declarations and information already provided on my existing plan.

I authorise Irish Life to request and receive my personal health information as part of any claim assessment, including after my death, from my 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 assessing claims.

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

### Signed:

Please sign and date

Plan Owner 1

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.**

Please sign and date

Plan Owner 2

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.**

### If different to Plan Owner

Please sign and date

Life Assured 1

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.**

Please sign and date

Life Assured 2

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.**

## 8. 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

## 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)

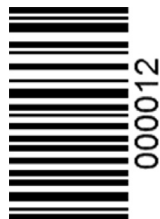
Payment frequency

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, 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

I E 3 0 Z Z Z 3 0 3 5 8 7

Recurrent ☐

IRISH LIFE ASSURANCE PLC

LOWER ABBEY STREET

DUBLIN 1