

To be filled in by the insurance company,

qualifying fund manager, PRSA provider. Give

details of the assets being used for this investment.

Trustee of occupational

pension schemes also fill

this form in.

F. Source of Investment Certificate

Approved Retirement Fund (ARF) This certificate is required in accordance with Section 784B of the Taxes Consolidation Act 1997 Section 1 Approved Retirement Fund (ARF) investment Customer's details Name Address Date of Birth Proposed amount to invest Proposal Number Name of existing insurance company or qualifying fund manager or other source Section 2 Source of Investment Is the proposed investment amount being provided from an existing Approved Retirement Fund or Vested PRSA? Yes No If the answer is 'Yes' please confirm the gross value of all income drawdowns taken in the current tax year from the transferring ARF or Vested PRSA. If no income drawdown has been taken in the current tax year please confirm the amount as 'Nil'. If the answer is 'No', please describe where the investment is coming from, for example, a Retirement Annuity Contract, PRSA, Company Pension Plan, AVC Plan, Personal Retirement Bond (buy-out bond) or self-administered pension scheme. If the proposed investment is coming from a Company Pension plan, please confirm the name of the Company Pension Scheme the investment is being transferred from. Is this transfer as a result of a property adjustment order? No If Yes, please provide a copy of the property adjustment order. We confirm that: • the proposed investment amount to which this certificate relates comprises of assets to which the individual named above is beneficially entitled; and • the assets to which this certificate relates do not form part of an Approved Minimum Retirement Fund (AMRF) within the meaning of Section 784C of the Taxes Consolidation Act 1997; and • the assets to which this certificate relates derive from an approved source within the meaning of Section 784B of the Taxes Consolidation Act 1997. Signature

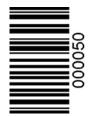
Block Capitals > Name

Please sign and date

Date (dd/mm/yyyy)

Position

Insurance Company/QFM/Other



To be filled in by the >insurance company, qualifying fund manager, PRSA provider. Give details of the assets being used for this investment. Trustee of occupational pension schemes also fill

this form in.

F. Source of Investment Certificate

Approved Minimum Retirement Fund (AMRF)

This certificate is required in accordance with Section 784D of the Taxes Consolidation Act 1997

Section 1 Proposed Approved Minimum Retirement Fund (AMRF) Investment

Customer's details																																
Name																											L	\mathbb{L}				
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Proposed amount to invest	€																															
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Name of existing insurance comp	any	∕ or	qu	alif	yin	g fu	ınc	d m	an	age	er c	or c	oth	er :	SOI	uro	се															
Section 2 Source of Investment Is the proposed investment amou Yes No If the answer is 'Yes' please confirm AMRF or Vested PRSA. If no incor € And please confirm the gross amo If the answer is 'No', please descri	m th	he { dra	gro: awd	ss v low	valu vn h	ie o nas	of a beo	ll in en t	ıcc	ome ken	e di i in	raw the	vdd e ci	owi urr	ns en	tal t ta	ker ax <u>y</u>	n in	th ar p	e co olea	ase	co	nt ta	ax	ye.	ar f	fror	m tl	he t	trar s 'N	nsfe Nil'.	erring
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Is this transfer as a result of a prop If Yes, please provide a copy of the		•	•						de	er.																Υe	 es ()		No	
We confirm that:														_			_															
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Please sign and date