

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

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.

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? Yes 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.

Block Capitals

Name



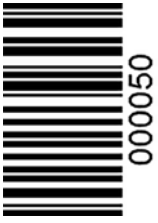
Signature

Please sign and date

Date (dd/mm/yyyy) / /

Position

Insurance Company/QFM/Other



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

Address

Date of Birth

Proposed amount to invest €

Proposal Number

Name of existing insurance company or qualifying fund manager or other source

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.

Section 2 Source of Investment

Is the proposed investment amount being provided from an existing Approved Minimum 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 AMRF or Vested PRSA. If no income drawdown has been taken in the current tax year please confirm the amount as 'Nil'.

€

And please confirm the gross amount contributed to the transferring AMRF €

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? Yes 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 this certificate relates to come from an approved source within the meaning of Section 784D of the Taxes Consolidation Act 1997.

Block Capitals

Name



Signature

Please sign and date

Date dd/mm/yyyy

Position

Insurance Company/QFM/Other