

# Complete Solutions ARF

## 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 <https://www.irishlife.ie/privacy-notices/> 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

Profile

**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.**

In completing this proposal form please note:

The ARF product is designed to allow you to control your pension fund and you can determine the rate at which you take withdrawals from the fund. However, depending on the investment return, the rate of withdrawals and how long you live in retirement, there is no guarantee that the fund will last for your lifetime. Before completing this application form please ensure you have read and understood the product booklet.

### Customer Details

Title (Mr/Mrs/Ms etc)

First Name

Initial (if applicable)

Last Name

Date of Birth (dd/mm/yyyy)

Age Next Birthday

Gender

Male

Female

Relationship Status

Single

Married

Registered Civil Partner

Separated

Divorced

Widowed

Country of Birth

Nationality

Precise Occupation

PPS Number

We are obliged to establish your nationality to comply with anti-money laundering requirements

PPS number should contain 7 digits and 1 or 2 letters.

## 2. Contact Details

Address

County

Contact phone numbers      Home  
   Mobile

Email address

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 the Supplementary Form

## 3. 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, Director, Beneficial Owner (or have been within the last 12 months), a PEP or RCA ?      Yes      No

## 4. Contribution Details

In ALL cases a Source of Investment Certificate must be completed by the Insurance Company, QFM, PRSA provider or Trustee(s) transferring the money. Please submit a Source of Investment Certificate for completion direct to the relevant institution, together with their completed claim documentation.

Total Fund      €

Complete Solutions ARF 1    €      Complete Solutions ARF 2    €

Please see your Fund Guide for a full list of available funds.

## 5. Fund Details

You can split your investment between up to 10 funds. Please make sure that the percentages add up to 100%.

The risk level and volatility rating of a fund can change from time to time. Please visit our website [www.irishlife.ie](http://www.irishlife.ie) to see the most up-to-date fund information.

### ARF

Global Cash Fund	%
Retirement Portfolio Fund 2	%
Multi Asset Portfolio Fund 2	%
Retirement Portfolio Fund 3	%
Multi Asset Portfolio Fund 3	%
Retirement Portfolio Fund 4	%
Multi Asset Portfolio Fund 4	%
Retirement Portfolio Fund 5	%
Multi Asset Portfolio Fund 5	%
Multi Asset Portfolio Fund 6	%

### Other Funds

%  
%  
%  
%  
%

## 6. Regular Withdrawal and Minimum Deemed Withdrawal amounts for ARFs

**Please Note:** Due to the imputed distribution requirement, Irish Life will deduct a minimum withdrawal from the value of the ARF during December each year. This is automatically deducted from your ARF and paid to you net of income tax, PRSI (if applicable) and the Universal Social Charge (USC). All deductions will be submitted to Revenue under Irish Life's employer reference number 4820009C.

For ARFs the minimum deemed withdrawal will be

- 4% from the year you turn 61 (or 60 if your birthday is 1st January)
- 5% from the year you turn 71 (or 70 if your birthday is 1st January)
- 6% from the year you turn 61 (or 60 if your birthday is 1st January) and the total value of your ARFs and vested-PRSAs (less restricted fund) is over €2 million.

It is your responsibility to let us know if you have any other ARFs or Vested PRSAs with a total value greater than €2 million.

## 7. ARF Withdrawal Details

How to complete:

- If you want to take a regular withdrawal from your ARF complete Section A (i). The amount selected must meet the minimum withdrawal requirement described above.
- If you do not want to take a regular withdrawal from your ARF, the minimum withdrawal amount as set out above will apply automatically.
- If you want to nominate the fund(s) your regular withdrawal or your minimum withdrawal will be paid from, please complete Section A (ii).
- If you do not wish to nominate a fund for drawdown, Irish Life will take your regular withdrawal or minimum withdrawal proportionally based on the original investment split.

All withdrawals from your ARF will be paid to the bank account you have provided after deduction of income tax, PRSI and Universal Social Charge (USC).

### Regular

#### Withdrawal:

You have chosen to take a withdrawal on this plan. You can select the withdrawal to be paid as a percentage or as a monetary amount subject to the maximum allowed. The withdrawal can be paid Monthly, Quarterly, Half-Yearly or Yearly. You can also select the fund the withdrawal is paid from. In December each year, the plan will be valued to ensure that the minimum drawdown requirement is met based on pension legislation in force at the time and a balancing payment will be made, if required.

### A (i) Regular Withdrawal

Indicate below the amount you would like to draw down as a yearly percentage or a fixed euro amount from your ARF.

1. I want to set up a regular withdrawal of

4%      5%      6%      7%      8%      9%      Other (Max 15%)      %

Or

2. I want to withdraw (specify amount) € \_\_\_\_\_ gross from my plan

Payment frequency:    Monthly                  Quarterly                  Half Yearly                  Yearly

Date regular withdrawals are to start          /          /

### (ii) Nominated Fund

You can nominate the fund(s) your regular withdrawal or your minimum withdrawal will be paid from.

If you have chosen a fixed euro amount withdrawal, please complete the fixed euro amount boxes below. The total must equal the withdrawal amount chosen.

If you have chosen a percentage withdrawal option, or want to nominate fund(s) for your minimum withdrawal amount please complete the % of drawdown boxes below. The total must equal 100%

Fund	% of Drawdown	Fixed Euro Amount
		€
		€
		€
		€

Bank details have to be supplied in all circumstances regardless of when withdrawals are due to start.

Note these details can be amended at any stage during the life of your plan.

**Bank account details for ARF withdrawal payments**

This section must be completed in all cases, including where a regular withdrawal has not been chosen to facilitate the payment of the minimum withdrawal amount. This is applicable to your ARF arrangement in order to facilitate payment of the minimum deemed withdrawal amount, once payment becomes eligible.

Account Holder's Name

Bank Identifier Code (BIC)

IBAN

Please note that the bank account details provided must be your own bank account, or an account held jointly by you. Payments cannot be made to a third party bank account.

If you do not choose an option we will assume you want to receive communications electronically.

**8. 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

# ARF Plan Declarations

It is important that you fill in these details as we need this information to match the declaration section to your electronic application

Proposal Number:

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Customer Name

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.)**

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## 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 Financial 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

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

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.**

### Declaration of Customer

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

Please sign and date

Signature of customer

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.**

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## B. Declaration under section 784B and 784D Taxes Consolidation Act 1997

I the undersigned hereby declare that

1. I am beneficially entitled to the money and/or assets that are being transferred to the Approved Retirement Fund.
2. The full amount of the money and/or assets being transferred is being transferred by virtue of the exercise of the option available to me under S772(3A), S784(2A) or S787K(1) of the Taxes Consolidation Act 1997, and/or was previously held in an Approved Retirement Fund in my name or in the name of my spouse.

## C. Plan Declaration

I undertake to provide Irish Life with any information required to administer my policy/policies.

I understand that my investment will not begin until Irish Life have received and accepted my investment, the signed declarations in this application form, my application form completed (online or otherwise), and any other documentation or information requested.

I understand that my application for investment is subject to Irish Life's standard terms subject to any variation from these proposed on my behalf by my Financial Adviser which may be accepted or rejected by Irish Life.

I understand that Irish Life is required to deduct tax from any payments to me. I understand that if Irish Life has not received the appropriate tax free allowance certificate or tax deduction card from the Revenue Commissioners in respect of my ARF, then tax will be deducted at the higher rate of tax from ARF payments and under the emergency system for pension products.

I authorise any insurance provider, pension scheme trustee or qualified fund manager to provide Irish Life with details of any pension annuity being paid to me and any other Approved Retirement Fund plans held by me.

I further declare that all of the answers in my application form (online or otherwise) are answered honestly and with reasonable care and I agree that the contract proposed between me and Irish Life Assurance plc will be comprised of this application and declaration.

Where I have completed my application online, I acknowledge that a copy of my application will be sent to me and agree to notify Irish Life, if I do not receive it.

I understand that I must tell Irish Life in writing if any information provided in my answers to the specific questions in this application form have not been answered honestly and with reasonable care.

I confirm that I received the Sustainability Related Disclosure in good time before I made my investment decision.

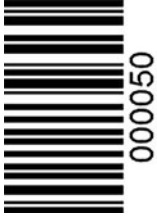
I confirm I have been informed about the Irish Life Privacy Notice and where to get this. I confirm that I have read and understood all the above declarations.

Please sign and date

Signed (signature of customer)

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.**



## E. 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 (dd/mm/yyyy)

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 drawdowns taken in the current tax year from the transferring ARF or Vested PRSA. If no 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 derive from an approved source within the meaning of Section 784B of the Taxes Consolidation Act 1997.

Block Capitals

Name

Please sign and date

Signature

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.

Position

Insurance Company/QFM/Other

Information is correct as of June 2023 and is subject to change.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.  
Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1.  
T: 01 704 1010 • F: 01 242 2920 • [www.irishlife.ie](http://www.irishlife.ie)  
Irish Life Assurance plc is registered in Ireland number 152576, VAT number 9F559239.

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