

STANDARD ANNUITY PROPOSAL FORM

In completing this proposal form, please note:

1. The annuity products are designed to provide an income for life with the facility to build in certain levels of protection. Once invested, you have no further control over the capital.
2. If you require an Approved Retirement Fund (ARF) product please fill out a separate ARF Application Form which is available from our Retail Marketing Team.

Please read questions before answering and use capital letters throughout.

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/privacy-notice or you can ask us for a copy.



Section 1: Financial Advisor Details

This section should be completed by Financial Advisor.

Broker/Agent Name

Broker/Agent Code

For Tied Agents and Direct Sales Only: Please enclose a copy of the completed Post- Retirement Personal Financial Review and Statement of Suitability with this application. We cannot process this application until we receive it.

Your Manager

Section 2: Personal Details

Use both first name and surname in your employee records.

Title Mr Mrs Miss Ms Maiden name if married

First Name Surname

Address

Phone Home Mobile

Email Address

Are you ordinarily resident outside the State? Yes No If you have answered yes please provide details of your foreign address.

Foreign Address

Date of Birth Male Female

Relationship Status Married Single Widow(er) Separated Divorced Civil Partner

PPS Number

If Dependant's Pension is required please fill in below.

We must have a PPS Number to pay the pension, it should contain 7 digits and 1 or 2 letters. It is required for administrative purposes and to assist in the payment of benefits.

Dependant's Title Mr Mrs Miss Ms Maiden name if married

First Name Surname

Date of Birth Male Female

Section 3: Bank Details

Payment of the pension, must be to a bank, building society or Credit Union (via the Credit Union bank account).

Name of bank

Address of bank

Name of account

Bank Account Number (IBAN) - - - - -
 -
 Swift Bic - -

All Irish account numbers are 22 characters long. The shaded boxes are only to be filled out in the case of a non-Irish bank account.

Section 4: Important Requirements - note the following

In order to satisfy Know You Customer due diligence requirements and commence payment of the pension, the following documents/information must be supplied to us.

- > This form fully completed (remember to give your PPS number).
- > A Pension Choice quotation if used (must be within the guarantee period).
- > Copy of Photo ID (passport or driver's licence) for all those named on the application.
- > Proof of bank account and address in the form of a bank statement or letter from a financial institution. Proof must confirm BIC and IBAN and be in the name of the annuitant.
- > Evidence of marriage, civil partnership or financial dependency if a dependant's pension is payable.
- > Payment of the purchase price of the pension (if not coming from an Irish Life Pension Scheme).

If the required items are not submitted with the application form we will be unable to proceed with payment of the pension. The application will be returned and annuity rates may have to be revised, if any requirements are missing.

Taxation of the pension: The pension will be taxed as an income. If you wish to avoid the emergency tax basis, we need a P45 or a Tax Credit certificate with Irish Life as registered employer. It is up to you to obtain a Tax Credit certificate. If you need to request a Tax Credit certificate you can contact the Revenue Commissioners quoting your PPS number and Irish Life's registered employer number which is 0087900D.

Section 5: Amount Available to Purchase Annuity

Total Investment Amount €

Tax Free Lump Sum €

Balance remaining for Annuity €

Section 6: Type of Pension Required

Pension Amount € p.a. Date of commencement

Minimum Payment Period 5 years 10 years Other Years

Dependant's pension as a percentage of the main pension

None 50% 100% Other

Is overlap to be included? Yes No

Overlap means the dependant's pension starts just after the death of an annuitant. Otherwise it starts at the end of the Fixed Payment period, if later. Overlap is only permitted where the minimum payment period is 5 years or less.

Complete the following section only if yearly increases in pension are required. Only one of the following may be chosen in accordance with Revenue Rules.

Type/Description	Write the % increase/cap required	Option Chosen	Office use
Fixed Increase – Compound Interest %	% (write the % increase here. Max is 7.5%)		C
Inflation linked – Yearly Limit	% (write the cap % required)		Y

Tick one box only

If fixed compound interest increases greater than 3% p.a. are chosen, you must provide the following details:

Maximum pension allowed by the Revenue Commissioners (only required for occupational schemes).

Before taking a tax free lump sum €

After taking a tax free lump sum €

Pension Increase Products Explained	
Compound Interest	The pension will increase by a fixed percentage each year. The increase will always be based on the latest pension amount. These increases are also known as cumulative.
Inflation – Yearly Cap	The pension will increase by the lesser of (a) the increase in inflation or (b) the nominated percentage cap. The inflation increase is calculated using quarterly Consumer Price Index (CPI) figures over the previous year.

In the event of negative inflation, we will not reduce the payment levels on CPI linked annuities.

Section 7: Source of Funds

The funds used to purchase this annuity are the proceeds of (please tick):

Occupational Pension Scheme

Important note: If the proceeds are from an occupational pension scheme, please ensure you also complete section 10 of this form.



Personal Retirement Bond (PRB)

Personal Pension Plan

Personal Retirement Savings Account (PRSA)

Additional Voluntary Contribution (AVC) Scheme

Approved Retirement Fund (ARF)

Other (please specify)

Section 8: Data Privacy Notice and Tax Declaration

Data Privacy Notice

I also declare that I authorise any insurance provider or any pension scheme trustees to provide Irish Life with details of any pension annuity being paid to me. I undertake to provide Irish Life with any information required to administer my policy/policies.

I understand that Irish Life is required to deduct tax and/or PRSI and/or Universal Social Charge (USC) (where relevant) from any payments to me.

I understand that if Irish Life has not received the appropriate certificate of tax credits and tax deduction card from the Revenue Commissioners in respect of my Pension Choice products, then tax will be deducted under the emergency system.

I further declare that all of the answers in this application form are answered honestly and with reasonable care and I agree that the contract proposed will be based on this application and declaration, the Policy Document issued including Schedules to the Policy, any medical information form, and any material statement made to the company including any information given to medical examiner acting for Irish Life.

I authorise Irish Life Assurance plc (ILA) and its agents to hold and process information in connection with this contract or transaction. This includes any other information supplied to or obtained by ILA separately. ILA may hold and process this information for administrative, customer care and service purposes.

Please sign
and date

Signature of Annuitant

Date

Signature of Dependant

Date

Signature of Trustees

Date

Date

Date

Please read carefully sections 9 to 10.

Section 9 must be signed by the person receiving the pension and their broker/agent if the pension is being purchased from the proceeds of an Approved Retirement Fund (ARF) or Vested Personal Retirement Savings Account (PRSA). It can be left blank where the trustees purchase the pension.

Section 10 must be signed by the trustees where the pension is purchased by them. It can be left blank if no trustee is involved.

This section is not appropriate when purchased by Trustees

Section 9: Declaration under regulation 6(3) of the Life Assurance (Provision of Information) Regulations, 2001

Warning: If you propose to take out this policy in complete or partial replacement of an existing Approved Retirement Fund (ARF) or Vested Personal Retirement Savings Account (PRSA) policy, please take special care to satisfy yourself that this policy meets your needs.



In particular, please make sure you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or insurance intermediary. Please complete this section by ticking the appropriate box.

This policy does **not** replace an existing policy

Or

This policy **does** replace an existing policy

Reference Policy Number

Declaration of Intermediary

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001

(Insert client name in **BLOCK LETTERS**)

has been provided with the information specified in Schedule 1 to those Regulations and that I have advised the client as to the financial consequences of replacing an existing Approved Retirement Fund (ARF) or Vested Personal Retirement Savings Account (PRSA) policy with this policy by cancellation or reduction and of possible financial loss as a result of such replacement.

Please sign and date

Signature of intermediary

Date

On behalf of (company name)

Declaration of Client

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

Please sign and date

Signature of Annuitant

Date

Section 10: Additional Trustee Declaration

For transfers from an occupational pension scheme only

I/we agree to the setting up of this policy in the name of the Annuitant.

I confirm I have been informed about the Irish Life Data Privacy Notice and where to find this. I have also notified those whose personal details I have provided to you of where they can find the Data Privacy Notice.

Scheme Details

Scheme Title

Pensions Authority Reference Number

Revenue Approved (tick if approved)

Name of Trustee (In **BLOCK LETTERS**)

Please sign and date

Signature of Trustee

Date

Signature of Trustee

Date

Signature of Trustee

Date

Section 11: Other Details

Use this space
for other
relevant details
if required.