



CORPORATE BUSINESS PERSONAL RETIREMENT SAVINGS ACCOUNT (PRSA)

APPLICATION FORM

Please complete every item on this form in **BLOCK CAPITALS**

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at <http://www.irishlifecorporatebusiness.ie> or you can ask us for a copy.



Section 1: Broker/Consultant Details

This section should be completed by broker/consultant

Seller Name

Product Name

Evidence provided of Date of Birth (eg birth certificate/passport)

Reference Number

Applicant's Maiden Name* Is a copy of applicant's marriage certificate enclosed* Yes

*Applicant's Marriage Certificate is only required if the applicant's name as shown on their evidence of age documentation differs from their current surname. We will need to see the applicant's birth certificate or driving licence, passport or national identity card as evidence of age if contributions are more than 15% of their earnings (total of employee and employer contributions). Please ensure that the applicant completes every item on this form.

Section 2: Personal Details

Please ensure that you understand the questions and the notes, and use **BLOCK CAPITALS**. Your employer will help you if you should have questions. If you do not supply all material facts this could make the contract void. A material fact is one that Irish Life regards as likely to influence the assessment and acceptance of your application. If you are in any doubt as to whether any fact is material you should tell Irish Life regardless.

Name of your Employer PRSA Plan Ref. No

Title Mr Mrs Miss Ms Other

Maiden Name (if married)

First Name Surname

Address

Phone Work Mobile

Email Address

Please provide your mobile phone number and your email address, both are needed so you can access your pension saving details through our online services.

Are you resident in Ireland? Yes No

Precise Occupation (Please tick) Managers/Professional/Technical and administrative Clerical and Secretarial

Trades, Craft and Related Plant and Machinery Operatives Personal and Protective Services Sales Other

Date of Birth / / Male Female

Your normal retirement age (60-75)

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

PPS Number PPS Number should contain 7 digits and 1 or 2 letters. We are required by the Pensions Authority to collect this data.

Payroll/Employee Number Current Salary €

Date employment started / / Date PRSA Plan is to commence / /

Have you received a copy of the Preliminary Disclosure Certificate from Irish Life as required under the Pensions Act 1990? Yes No

Are you a member of an occupational pension scheme or of a statutory scheme? Yes No

Are you contributing to any other PRSAs? Yes No

Section 3: Your PRSA Contribution Details

Regular contribution through company payroll Employer % of salary or € per month

Regular contribution through company payroll Employee % of salary or € per month

Once-off contributions € Date contributions are to commence / /

When submitting once off contributions please specify if this is through net pay Yes No

Where contribution amounts are more than 15% of their earnings (total employer and employee contributions) we will need to have evidence of age - see Broker/Consultant on the first page.

Employers and Employees can make combined contributions up to the following limits for tax relief purposes. In any tax year employee contributions are limited according to age and are subject to Revenue approval. This is shown in the table opposite.

The maximum earnings limit for tax relief on pension contributions for 2019 is €115,000. Please refer to your member booklet or our website www.irishlifecorporatebusiness.ie for details on the Standard Fund Threshold allowable for tax relief purposes. Entitlement to income tax relief is not automatically guaranteed.

Age	Maximum annual contributions as % of gross salary
<30	15%
30-39	20%
40-49	25%
50-54	30%
55-59	35%
Age 60 & Over	40%

Section 4: Investment Details

Please indicate your chosen investment option for your future contributions by ticking the box at the left hand side of your chosen option. Further information on the fund options is available on www.irishlifecorporatebusiness.ie. You must choose **either** Option 1 or 2 below.

Option 1 Default Investment Strategy

The PRSA Default Investment Strategy initially invests in the PRSA Growth Fund. With 11 years to retirement it starts to gradually move part of your fund into the PRSA Stability Fund. With 6 years to go your fund will be invested 50% in the PRSA Growth Fund and 50% in the PRSA Stability Fund.

Over the next 5 years, your PRSA fund is gradually moved into funds suitable for how you are most likely to use your pension savings upon reaching retirement. The first target is 25% of the fund into the PRSA Cash Fund. Next, any available funds up to that amount estimated to buy a pension of 25% of salary are targeted to the PRSA Pension for Life Fund. Any remaining funds are targeted to the PRSA Flexible ARF Fund. With 1 year to retirement all switches are complete.

Option 2 One or more of the funds listed here

If you choose this option, you must tell us what percentage you wish to invest in each fund, subject to a maximum of 5 funds. You can invest 100% in one fund or spread it over a number of funds but the total must equal 100%.

Regular Contributions

PRSA Cash Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Stability Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Pension for Life Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Flexible ARF Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Cautious Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Growth Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Active Managed Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Consensus Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Fixed Interest Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Pension Protection Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Consensus Cautious Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Global Indexed Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Indexed World Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Indexed 50/50 Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Indexed European Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Indexed North American Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Indexed Japanese Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Indexed Pacific Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
PRSA Indexed UK Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Total	1 0 0 . 0 0 %

*If you do not select a fund from those listed above, 100% of your contributions will be invested in the PRSA Default Investment Strategy.

Section 5: Authorisation to give Information Details

Your PRSA plan will be set up and administered as one of a group of PRSA plans and has been facilitated by your employer. To assist in statistical analysis and to monitor the ongoing administration of your PRSA plan, your employer and broker may need access to information regarding this contract. I authorise that they be provided with any information they request in connection with this contract.

Signature

Date / /

A copy of this completed form will be available on request for the next three months. Also, a copy of the policy document will be available on request.

Section 6: Declaration Required

Please complete this section by ticking the appropriate box:

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

WARNING: If you propose to enter into this PRSA contract in complete or partial replacement of an existing PRSA contract or retirement annuity contract, please take special care to satisfy yourself that this PRSA contract meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing PRSA contract or retirement annuity contract. If you are in doubt about this, please contact your PRSA provider.



Declaration of PRSA provider or Intermediary: To be completed and signed by representative of PRSA provider or intermediary.

I hereby declare that in accordance with Article 3 of the Personal Retirement Savings Accounts (Disclosure) Regulations 2002, a Preliminary Disclosure

Certificate has been provided to Insert name of person concerned

and that I have advised the person concerned as to the financial consequences of replacing an existing PRSA contract or retirement annuity contract with this PRSA contract by cancellation or reduction and of possible financial loss as a result of such a replacement.

Signature Name of PRSA provider or Intermediary

Date / /

Declaration of person or contributory: To be signed by person taking out PRSA.

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

Signature Name of Client

Date / /

Section 7: Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP

We are obliged under Anti-Money Laundering legislation to identify PEPs or RCAs.

Are you a PEP or RCA? Yes No

Who is a PEP?

A 'politically exposed person' means any individual, who currently is, or has at any time in the past 12 months, been entrusted with a prominent public function and performs one of the following roles:

Please tick if appropriate

- | | |
|--|-----------------------|
| (a) A member of a parliament/ member of a legislature or equivalent | <input type="radio"/> |
| (b) A member of a Supreme Court, Constitutional Court or any other high level judicial body which passes non-appealable verdicts (except in exceptional circumstances) | <input type="radio"/> |
| (c) A member of a court of auditors or the board of a central bank | <input type="radio"/> |
| (d) An ambassador, charge d'affairs or high ranking officer in the armed forces | <input type="radio"/> |
| (e) A member of the administrative, management or supervisory body of a state owned enterprise | <input type="radio"/> |

Who is a Relative?

- | | |
|---|-----------------------|
| (a) Any spouse of the PEP | <input type="radio"/> |
| (b) Any person who is considered to be a common law spouse of the politically exposed person under law | <input type="radio"/> |
| (c) A child of the politically exposed person | <input type="radio"/> |
| (d) Any spouse of the child of a politically exposed person | <input type="radio"/> |
| (e) Any parent of the politically exposed person | <input type="radio"/> |
| (f) Any other family member of the politically exposed person who is of a prescribed class set out by the Department of Finance | <input type="radio"/> |

Who is a Close Associate?

- | | |
|---|-----------------------|
| (a) Any individual who has a joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations with the politically exposed person | <input type="radio"/> |
| (b) Any individual who has a sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person | <input type="radio"/> |

Section 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 cbconsentoptout@irishlife.ie or writing to the Irish Life Data Protection Team. If you opt out we will keep a record of your instruction to opt out.

I agree I don't agree

Signature

Date / /

Section 9: Data Privacy Notice and Employee Declaration

Data Privacy Notice

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

Declaration

I declare that the answers to the above questions are in every respect true and complete and that this application and declaration shall form the basis of the contracts with Irish Life Assurance plc. I agree that where I have selected fund(s) other than the Default Investment Strategy, by signing this declaration, I am providing written confirmation that I do not wish to avail of the Default Investment Strategy.

I declare that I have applied for membership of a PRSA that is approved under the Pensions Act 1990 and which complies with the provisions of Part 30, Chapter 2A of the Taxes Consolidation Act 1997, to which this Employee Application Form relates and that specific conditions shall apply as indicated above. I hereby authorise my employer to make the necessary deductions from my salary or wages for the specific purpose of paying employee contributions until such time as the employer receives notice in writing from me to the contrary.

I authorise Irish Life to send a copy of my PRSA (net pay) certificate directly to my employer.

Signature

Date / /

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

In the interest of customer service we will monitor calls.

Irish Life Assurance plc, Registered in Ireland Number 152576, VAT number 9F55923G.

Irish Life Corporate Business, Lower Abbey Street, Dublin 1, Ireland. T: 01 704 2000 • F 01 704 1905



Irish Life

Section 9: PRSA Payroll Deduction Authority Form

You should detach this form and give it to your Payroll Department. Unless your Payroll Department receive this, contributions will not be paid to your Personal Retirement Savings Account (PRSA).



IMPORTANT NOTE FOR PAYROLL DEPARTMENT

You should not start deducting PRSA contributions for an employee until you have received a Net Pay Certificate from Irish Life in respect of that employee. If you have any queries please contact your company PRSA provider.

Employer Details

Employer Name

Address

PPS Number PPS Number should contain 7 digits and 1 or 2 letters. This is required for Revenue approval.

Payroll/Employee Number

Date of Birth / /

Employee Details

Employee Name

Address

Contribution Details

Employer Regular Contribution % of salary or € per month or € per year

Employee Regular Contribution % of salary or € per month or € per year

Date contributions are to commence / /

I hereby authorise my employer to make deductions as outlined above from my salary or wages for the specific purpose of paying employee contributions to my PRSA until such time as my employer receives notice in writing from me to the contrary.

Signature

Date / /

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

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CONTACT US

PHONE: 01 704 20 00

FAX: 01 704 19 05

E-MAIL: AIM@irishlife.ie

WEBSITE: www.irishlifecorporatebusiness.ie

WRITE TO: Irish Life Assurance plc, Lower Abbey Street, Dublin 1

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For more up-to-date information, see www.irishlifecorporatebusiness.ie.

