

# 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.



| <b>Section 1: Brok</b>    | cer/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 Na     | ame* Is a copy of applicant'  | s marriage certificate enclose    | d* Yes                 |
| need to see the applicant | ertificate is only required if the applicant's name as shown on their evidence of age docu<br>c's birth certificate or driving licence, passport or national identity card as evidence of ag<br>apployer contributions). Please ensure that the applicant completes every item on this fo | ge if contributions are more than |                        |
| Section 2: Pers           | onal Details  |                                   |                        |
| If you do not supply al   | understand the questions and the notes, and use BLOCK CAPITALS. Your ell material facts this could make the contract void. A material fact is one that Iriur application. If you are in any doubt as to whether any fact is material you should be a supplication.                        | sh Life regards as likely to inf  | •                      |
| Name of your Employe      | er F  | PRSA Plan Ref. No                 |                        |
| Title                     | Mr Mrs Miss Ms Other  |                                   |                        |
| Maiden Name (if marr      | ied)  |                                   |                        |
| First Name                | Surname   |                                   |                        |
| Address                   |   |                                   |                        |
|                           |   |                                   |                        |
| Phone                     | Work  |                                   |                        |
| Email Address             |   |                                   |                        |
|                           | Please provide your mobile phone number and your email address, both are needed our online services.  | so you can access your pension    | saving details through |
| Are you resident in Ire   | land? Yes No  |                                   |                        |
| Precise Occupation (P     | lease tick) Managers/Professional/Technical and administrative Clo  | erical and Secretarial            |                        |
| Trades, Craft and Rela    | ted Plant and Machinery Operatives Personal and Protective S  | ervices Sales                     | Other                  |
| Date of Birth             | Male Female   |                                   |                        |
| Your normal retiremen     | at age (60-75)  |                                   |                        |
| Relationship Status       | Married Single Widow(er) Separated Divorce  | ed Civil Partner                  |                        |
| PPS Number                | PPS Number should contain 7 digits and 1 or 2 lett collect this data.   | ters. We are required by the Pens | sions Authority to     |
| Payroll/Employee Nur      | nber Current Salary €   |                                   |                        |
| Date employment star      | ted/ Date PRSA Plan is to commence  | / / /                             |                        |
| Have you received a c     | opy of the Preliminary Disclosure Certificate from Irish Life as required under   | the Pensions Act 1990?            | Yes No                 |
| Are you a member of a     | an occupational pension scheme or of a statutory scheme?  |                                   | Yes No                 |
| Are you contributing t    | o any other PRSAs?  |                                   | Yes No                 |

| Section 3: Your PRSA Contribution   | Details  |                                    |                          |  |                           |                                 |  |  |  |
|---|--|------------------------------------|--------------------------|--|---------------------------|---------------------------------|--|--|--|
| Regular contribution through company payroll  | Employer   |                                    | % of                     | sala                                   | ıry                       |                                 |  |  |  |
| Regular contribution through company payroll  | Employee   |                                    | % of                     | fsala                                  | ary                       |                                 |  |  |  |
| Once-off contributions  | €  |                                    |                          | Dat                                    | е со                      | ntribut                         | tions are to comm  | ence / / / /   |  |
| When submitting once off contributions please spec  | ify if this is through ne  | t pay                              |                          |  |                           |                                 |  | Yes No   |  |
| Where contribution amounts are more than 15% of their ea<br>we will need to have evidence of age - see Broker/Consulta  |  | d employ                           | ee coi                   | ntrib                                  | utior                     | ns)                             | Age  | Maximum annual contributions as % of gross salary  |  |
| Employers and Employees can make combined contributio<br>in any tax year employee contributions are limited accordin<br>shown in the table opposite.  |  |                                    |                          |  |                           |                                 | <30<br>30-39<br>40-49  | 15%<br>20%<br>25%  |  |
| The maximum earnings limit for tax relief on pension contri<br>member booklet or our website www.irishlifecorporatebusi<br>allowable for tax relief purposes. Entitlement to income tax   | ebusiness.ie for details on the Standard Fund Threshold  |                                    |                          |  |                           | 50-54<br>55-59<br>Age 60 & Over | 30%<br>35%<br>40%  |  |  |
| Section 4: Investment Details  Please indicate your chosen investment option for you information on the fund options is available on www.i  |  |                                    |                          |  |                           |                                 |  |  |  |
| Option 1 Default Investment Strategy  The PRSA Default Investment Strategy is an inv  | estment strategy that o  | hanges                             | over                     | time                                   | ים ג                      | urina tk                        | na first nhasa knov  | wn as the Crowth Phase the   |  |
| fund initially invests in a growth fund. At 11 yea<br>This is the Consolidation Phase. During the fina<br>your expected retirements benefits. As retirementity your financial advisor to make sure the stra<br>PRSA guide on www.irishlifecorporatebusiness | rs to go to retirement t<br>I 6 years before retiren<br>ent plans and expected<br>tegy remains suitable. | the Strat<br>nent the<br>I retirem | egy g<br>Strate<br>ent d | radı<br>egy<br>ates                    | ually<br>will<br>can      | brings<br>move i<br>chang       | s a lower risk fund<br>nvestments into fi<br>ge you should con | into play over a 5 year period.<br>unds that most closely match<br>tinue to discuss your pension |  |
| Option 2 One or more of the funds listed I  | here   |                                    |                          |  |                           |                                 |  |  |  |
| If you choose this option, you must tell us what  |  |                                    |                          | ch fı                                  | und,                      | subjec                          | ct to a maximum o  | f 5 funds. You can invest 100%   |  |
| in one fund or spread it over a number of funds   | but the total must equ   |                                    |                          |  |                           |                                 |  |  |  |
| 226.6   |  | Regul                              | ar Co                    | ntri                                   | butio                     |                                 |  |  |  |
| PRSA Cash Fund  |  |                                    |                          | ·                                      |                           | %                               |  |  |  |
| PRSA Stability Fund   |  |                                    |                          | -                                      | Ш                         | %                               |  |  |  |
| PRSA Pension for Life Fund  |  |                                    |                          |  | Ш                         |                                 |  |  |  |
| PRSA Flexible ARF Fund  |  |                                    |                          |  |                           | %                               |  |  |  |
| PRSA Cautious Fund  |  |                                    |                          | ·  -                                   |                           | %<br>  <sub>0</sub>             |  |  |  |
| PRSA Growth Fund  |  |                                    |                          | ·                                      | $\pm$                     | %                               |  |  |  |
| PRSA Active Managed Fund  |  |                                    |                          | ٠                                      | $\frac{\square}{\square}$ | %                               |  |  |  |
| PRSA Consensus Fund   |  |                                    |                          | ·  _                                   | $\frac{\square}{\square}$ | %<br>                           |  |  |  |
| PRSA Fixed Interest Fund  |  |                                    |                          | ·                                      | Ш                         | %                               |  |  |  |
| PRSA Pension Protection Fund  |  |                                    |                          | ٠                                      | Щ                         | %                               |  |  |  |
| PRSA Consensus Cautious Fund  |  |                                    |                          | ·上                                     | Щ                         | %                               |  |  |  |
| PRSA Global Indexed Equity Fund   |  |                                    |                          | ·                                      | Щ                         | %                               |  |  |  |
| PRSA Equity Fund  |  |                                    | $\perp$                  | ٠                                      |                           | %                               |  |  |  |
| PRSA Indexed World Equity Fund  |  |                                    |                          | ·                                      | Щ                         | %                               |  |  |  |
| PRSA Indexed 50/50 Equity Fund  |  |                                    | Щ                        | ٠                                      | Щ                         | %                               |  |  |  |
| PRSA Indexed European Equity Fund   | d  |                                    | Щ                        | ــــــــــــــــــــــــــــــــــــــ | Щ                         | %                               |  |  |  |
| PRSA Indexed North American Equi  | ty Fund  |                                    | Щ                        | _اٍ.                                   | Щ                         | %                               |  |  |  |
| PRSA Indexed Japanese Equity Fund   | d  |                                    |                          |  | Ш                         | %                               |  |  |  |
| PRSA Indexed Pacific Equity Fund  |  |                                    |                          |  |                           | %                               |  |  |  |
| PRSA Indexed UK Equity Fund   |  |                                    |                          |  |                           | %                               |  |  |  |

**Total** 

1 0 0 . 0 0 %

<sup>\*</sup>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 adminstered 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 replace an existing policy This policy does not 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 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 Insert name of person concerned Certificate has been provided to X 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 X Name of PRSA provider or Intermediary 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. Name of Client Date 🙇 Signature 🕺 Section 7: Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP We are obliged under Anti-MoneyLaundering legislation to identify PEPs or RCAs. Are you a PEP or RCA? 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 member of a parliament/ member of a legislature or equivalent (a) (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) A member of a court of auditors or the board of a central bank An ambassador, charge d'affairs or high ranking officer in the armed forces A member of the administrative, management or supervisory body of a state owned enterprise Who is a Relative? Any spouse of the PEP Any person who is considered to be a common law spouse of the politically exposed person under law (c) A child of the politically exposed person (d) Any spouse of the child of a politically exposed person

Who is a Close Associate?

Any parent of the politically exposed person

(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

(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

Any other family member of the politically exposed person who is of a prescribed class set out by the Department of Finance

### **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.

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.

| l agree I don't agree   |            |
|---|------------|
| ∠ Signature X   | 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 Iris | sh Life to send a copy of my PRSA (net pay) certificate directly to my employer. |      |   |   |  |
|------------------|--|------|---|---|--|
| ∠ Signature      | X  | 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.



# **Section 10: 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   | Employee Deta               | iils                              |                          |  |  |
|--|-----------------------------|-----------------------------------|--------------------------|--|--|
| Employer Name  | Employee Name               |                                   |                          |  |  |
| Address  | Address                     |                                   |                          |  |  |
| PPS Number PPS Number should contain   | in 7 digits and 1 or 2 lett | ers. This is required for Revenue | approval.                |  |  |
| Payroll/Employee Number  |                             |                                   |                          |  |  |
| Date of Birth Date / / /   |                             |                                   |                          |  |  |
|  |                             |                                   |                          |  |  |
| Contribution Details   |                             |                                   |                          |  |  |
| Employer Regular Contribution % of salary o  | r €                         | per month or €                    | per year                 |  |  |
| Employee Regular Contribution % of salary o  | r €                         | per month or €                    | per year                 |  |  |
| Date contributions are to commence Date / / /  |                             |                                   |                          |  |  |
|  |                             |                                   |                          |  |  |
| I hereby authorise my employer to make deductions as outlined above from to my PRSA until such time as my employer receives notice in writing from r |                             | r the specific purpose of payin   | g employee contributions |  |  |
| ∠ Signature  X   |                             | Date /                            | /                        |  |  |

## **CONTACT US**

**PHONE:** 01 704 20 00 **FAX:** 01 704 19 05

**E-MAIL:** happytohelp@irishlife.ie

WEBSITE: www.irishlifecorporatebusiness.ie

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

Please Note: Every effort has been made to ensure that the information in this publication is accurate at the time of going to press. Irish Life Assurance plc accepts no responsibility for any liability incurred or loss suffered as a consequence of relying on any matter published in or omitted from this publication. Readers are recommended to take qualified advice before acting on any of the matters covered.

