

6. 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.irishlife.ie/corporatebusiness/

You must choose **one and one only** of Options 1, 2, 3 or 4 below.

Please note that if the Trustees agree a new default investment option for the plan in the future you will automatically move to the new default investment options as outlined by them.

Option 1 100% Consensus Lifestyle Consensus Lifestyle invests in the Consensus Fund and then gradually moves into the Pension Protection Fund and the Capital Protection Fund* over the 5 years before Normal Retirement Age.

Option 2 100% Active Lifestyle Active Lifestyle invests in the Active Fund and then gradually moves into the Pension Protection Fund and the Capital Protection Fund* over the 5 years before Normal Retirement Age.

Option 3 My own investment choice 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

Consensus Fund	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
Active Managed Fund	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
Indexed Global Equity Fund	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
Capital Protection Fund*	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
Property Fund*	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
Cash Fund	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
Total	1	0	0	.	0	0	%

Once-Off Contributions

<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
Total	1	0	.	0	0	%

*Please note that restrictions may apply to switches out of these funds.

Option 4 Another fund not listed If you wish to choose a different fund, you must fill out a *Specialist Fund Choice Form*.

7. DATA PROTECTION NOTICE & EMPLOYEE DECLARATION

Data Protection Notices and Consents

- The information you provide to Irish Life Assurance plc will be held on a computer database and/or any other way and will be used to administer this contract/transaction and any other products or services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life Assurance plc.
- You have the right to question the purpose for which your data is held and the right to obtain a copy of your personal data held by Irish Life Assurance plc by submitting a written request and paying a small fee.
- You have the right to request Irish Life Assurance plc to correct any inaccuracies in your personal data.

I declare that I consent to the

- processing and holding (on computer or otherwise) of all information (personal and sensitive) disclosed by me, or on my behalf, in relation to this contract/transaction by Irish Life Assurance plc, its servants and agents (together with such other information supplied to, or obtained by Irish Life Assurance plc separately) for administrative, customer care and service purposes.
- disclosing of my data (personal and sensitive) to persons necessary in connection with the above purposes, to the regulatory authorities or as is required by law, to Irish Life Assurance plc and to other companies in the Irish Life and Permanent group, to reinsurers and health professionals.

Signature

Date

Employee 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 declare that I have applied for membership to the plan 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 the employee contributions detailed earlier in this form until such time as the employer receives notice in writing from me to the contrary.

Signature

Date

