

Group Risk Benefits



Irish Life

Employer Application Form

Group Policy Number (for office use only)

Please complete every section, and where relevant tick the appropriate box. If a section does not apply, write N/A and please use CAPITAL LETTERS throughout.

1. YOUR DETAILS

Registered employer name

Employer Tax Reference Number

Address of Registered Office

Business Address

If any person you have included in this plan is not employed directly by you, please give us the following information.

Registered employer name

Address of Registered Office

How are they associated to you? (If there is more than one other employer, please give details on a separate sheet.)

2. CHOOSING YOUR BENEFITS

Please choose the benefits you are applying for by ticking the appropriate box or boxes below and please answer the questions which apply to each plan.

Life Assurance Income Protection Dependant's Annuity Specified Illness Cover

3. MEMBERSHIP (ELIGIBILITY)

Category of Employee (Benefit category 1)

Minimum age at joining Maximum age at joining Service required before joining

Does membership begin: immediately? on the next renewal date?

Category of Employee (Benefit category 2)

Minimum age at joining Maximum age at joining Service required before joining

Does membership begin: immediately? on the next renewal date?

Definition of salary: a) Basic salary excluding all variable elements b) Other

If other please specify

Increases in salary will apply: a) immediately b) from the next renewal date

Date the cover will start / / Renewal date /

Are all eligible employees living in Ireland for tax purposes yes No

Premiums will be paid: every month every three months every six months every twelve months

Method of payment DD (Direct Debit) EFT (Electronic Funds Transfer)

4. BENEFIT DETAILS

Life Assurance (TLA)

(Please specify benefit structure split per category e.g. 4 x salary)

Benefit category 1

Benefit category 2

When will this cover end? (e.g. 65 years). 65 years Other

Dependant's Annuity

Benefit category 1

Benefit category 2

Children's Pension Death-in-Service (CPDiS)

Benefit category 1

Benefit category 2

When will the Children's Pension Death-in-Service cease? at age 18 (23 if in full-time education) Other

How many children will be eligible for this benefit?

Rate of the increase every year for Dependant's Annuity/CPDiS benefit 0% 3% fixed 3% to a maximum of CPI (Consumer Price Index)

5% fixed 5% to a maximum of CPI (Consumer Price Index)

Income Protection (IP)

(Please specify benefit structure split per category e.g. 2/3 x salary - Social Welfare deductions)

Benefit category 1

Benefit category 2

Premium Protection Benefit:

Benefit category 1

Benefit category 2

When will the cover end? The maximum age is 65 years 65 years Other

What deferred period would you like? 13 weeks 26 weeks 52 weeks

Rate of the increase every year for IP benefit 0% 3% fixed 3% to a maximum of CPI (Consumer Price Index)

5% to a maximum of CPI (Consumer Price Index)

All ceasing ages above cannot exceed the NRA for that benefit category under any associated pension scheme.

Please send us, with this application form, a list of the proposed members who are not working in managerial or clerical occupations with a description of their exact occupations.

Specified Illness Cover Plan:

Specified Illness Cover Plan Benefit

(For each category)

When will the cover end? The maximum age is 65 years 65 years Other

8. OTHER MATERIAL INFORMATION FACTS

Details

9. DATA PROTECTION NOTICE

1. 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.
2. 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.
3. You have the right to request Irish Life Assurance plc to correct any inaccuracies in your personal data.

10. DATA PROTECTION CONSENTS

I declare that I consent to the

- A. processing and holding (on computer or otherwise) of all information disclosed by me, or on my behalf, in relation to this contract/transaction by Irish Life Corporate Business, its servants and agents (together with such other information supplied or obtained by Irish Life Corporate Business separately) including sensitive personal data (being medical records and/or financial details) and holding or processing of the same for administrative, customer care and service purposes.
- B. disclosing of my personal data to persons necessary in connection with the above purposes, to regulatory authorities or as is required by law, to Irish Life Assurance plc ("the Company") and to other companies in the Company's group, to reinsurers, to health professionals and other insurance companies.

Signature Date / /

11. EMPLOYER DECLARATION

All the answers to these questions are true and correct and this proposal will form the basis of the contract of assurance or insurance (or both) between me Irish Life Assurance Plc, the Trustees (if this applies) and the employees

I have applied for the Group Risk Benefits Plans I have ticked above and I have chosen certain conditions which will apply for each plan

If I fail to reveal all the relevant information this contract could be void. Relevant information is information which could affect your decision to accept my application for insurance. I understand that if I am in doubt as to whether any facts are relevant, I should tell you. I will add any information, on extra paper, which is relevant but it is not covered by the questions in this form.

I agree to appointing as my agent under the plan

Authorised to sign for and on behalf of the employer

Date / /

12. TRUSTEE DECLARATION (FILL IN THIS SECTION ONLY IF YOU HAVE CHOSEN GROUP LIFE ASSURANCE AND/OR DEPENDANT'S ANNUITY BENEFITS)

I agree this application and declaration will form the basis of the contracts proposed between the trustees and Irish Life Assurance plc.

I agree to appointing as my agent under the plan

Authorised to sign for and on behalf of the trustees

Date / /

13. DECLARATION OF TRUST (Fill in this section only if you have chosen Life Assurance and/or Dependant's Annuity Benefits)

The Life Assurance and/or Spouse's Death-in-Service benefits will be governed by the terms of this Declaration of Trust, this Group Risk Benefits Employer application form as a whole, the rules issued in pursuance of the Declaration of Trust (identified by the designation "RulesStandard/CM/v1/08.2006"), the Summary document issued with those rules (identified by the designation "Summary/CM/v1/08.2006"), all of which should be taken together and read as one document, and the Group Life Assurance Policy issued by Irish Life Assurance plc.

This Declaration of Trust is made on the Execution Date set out in the Schedule by the Employer named as Principal Employer in the Schedule (hereinafter called "the Principal Employer" which expression includes any person or firm which as a result of any amalgamation or reconstruction or otherwise may carry on or succeed to the business of the Principal Employer).

Whereas the Principal Employer has determined to establish under irrevocable trusts with effect from the date set out in the Schedule (hereinafter called "the Commencing Date") a retirement benefits scheme to be known by the name set out in the Schedule (hereinafter called "the Scheme") for such employees of the Principal Employer and Associated Employers (as defined in the rules issued in pursuance of the Declaration of Trust and identified by the designation "RulesStandard/CM/v1/08.2006") as are or shall be included therein in accordance with the provisions of the Scheme (hereinafter called "the Members").

Now it is hereby witnessed and declared as follows :-

1. The Scheme is hereby established under irrevocable trusts by the Principal Employer with effect from the Commencing Date to be administered in accordance with this Declaration of Trust (hereinafter called "the Declaration") and the Rules, for the main purpose of providing relevant benefits as defined in Section 770 of the Taxes Consolidation Act 1997 in respect of service as an employee, being benefits payable to or in respect of Members.
2. The Principal Employer undertakes that every employee who is or has a right to be a Member has been or will be, as soon as may be, given written particulars of all essential features of the Scheme which concern him.
3. To the extent that a person or persons are named as trustees in the Schedule, the Principal Employer hereby appoints those persons as trustees of the Scheme.

To the extent that a person or persons have not been named as trustees in the Schedule, the Principal Employer hereby agrees to act as trustee of the Scheme.

The person or persons so named, or the Principal Employer as the case may be, shall hereinafter be referred to as "the Trustees" which expression shall include the trustee or trustees for the time being of the Scheme.

4. The Trustees agree to act as trustees of the Scheme and shall hold all benefits payable under the Scheme in trust with the respective persons for whose benefit the benefits are payable in accordance with the Rules.
5. The Principal Employer with the consent of the Trustees shall have the power by deed to amend or replace all or any of the provisions of this Declaration of Trust and the Rules of the Scheme and any such amendment or replacement may have effect from such time as may be specified in such deed including any time previous or subsequent to the execution of such deed, provided that such amendment or replacement does not cause the Scheme to cease to be an exempt approved scheme under Chapter 1 Part 30 of the Taxes Consolidation Act 1997.



Schedule

Execution Date / /

Principal Employer

having its registered office at

Name of Scheme The = Life Assurance Plan

Commencing Date / /

Trustees

First Trustee Name

Address

Second Trustee Name

Address

Third Trustee Name

Address

In witness whereof these presents have been executed the day and year first above written.

Present when the Common Seal of the Principal Employer was affixed hereto

----- Director

----- Director/Secretary

We the Trustees of the Scheme appointed by virtue of Clause 3 of this Declaration hereby consent to act as trustees of the Scheme.

Signed

Signed

Signed

Please affix the company seal in the box below.

14. PAYMENT DETAILS

Our preferred method is to collect premium payments by means of Direct Debit or Electronic Funds Transfer (EFT).

Account name: IRISH LIFE ASSURANCE PLC GROUP BUSINESS DIVISION, RECEIPTS ACCOUNTS
Bank: ULSTER BANK IRELAND LTD, 33 COLLEGE GREEN, DUBLIN 2
Account number: 05991823 Sorting code 98 - 50 - 10
BIC: ULSBIE2D
IBAN: IE22 - ULSB - 9850 - 1005 - 9918 - 23

Please include the scheme number and name as the **beneficiary narrative**. We need this to appear on our bank statements to enable us to correctly allocate the payment.



Please complete the Mandate below so that we can arrange the collection of the appropriate amounts.

DIRECT DEBIT MANDATE

To Your Branch Bank Building Society
Address of bank/

Account number Sorting code - -
Name of account to be debited

When you have signed this form please return it to Irish Life Corporate Business, Lower Abbey Street, Dublin 1.

I/We authorise you until further notice in writing to charge unspecified amounts to my/our account with you, by direct debit, at the request of Irish Life Assurance plc. Irish Life Assurance plc may amalgamate direct debits under this mandate with any other amount(s) payable by direct debit which may be due to them within the same calendar month under other mandates expressed in their favour and signed by me/us. I/we understand that if any direct debit is paid which breaks the terms of this instruction, the bank will instruction, the bank will make a refund.

Signature Date

For completion by Irish Life

Irish Life, Lower Abbey Street, Dublin 1

Originators Identification no.

300745

Originators reference

/ -

(Policy no. Reference)

For completion by Irish Life

Policy No -

Due dates on / / and, following the first payment

Every month Every 3 months Every 6 months Every year

Note:

If you wish to pay contributions through your bank or building society account you must fill in and sign this mandate.

Instructions cannot be accepted to charge direct debits to a deposit or savings account.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.
In the interest of customer service we may record and monitor calls.
Irish Life Assurance plc, Registered in Ireland number 152576,
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