



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) This form is to be used for a Standard Annuity only. Irish Life also offers an Enhanced Annuity. An enhanced annuity may provide better terms based on your answers to a series of lifestyle and medical questions. We strongly recommend that all annuitants should speak to a Financial Advisor to see if they would qualify for an Enhanced Annuity.
- (3) If you require an Approved Retirement Fund/Approved Minimum Retirement Fund (ARF/AMRF) product please fill out a separate ARF/AMRF 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 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: Financial Advisor Details

Broker/Agent Name Broker/Agent Code. This must be completed

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

Title (Mr/Ms/etc) Maiden Name if Married

First Name Surname

Please use both the first name and surname.

Address

Phone Home Mobile work

Email Address

Irish Life may use your e-mail address for servicing your policy.

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

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

Dependant's Title (Mr/Ms/etc) Maiden Name if Married

First Name Surname

Date of Birth / / Male Female

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 Minimum Retirement Fund (AMRF) or Approved Retirement Fund (ARF)

Other (please specify)

Section 8: Data Privacy Notice & Declaration

Data Privacy Notice

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

Declaration

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 in every respect true and correct and I agree that the contract proposed will be based on this application and declaration.

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.

 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 a an Approved Retirement Fund (ARF), Approved Minimum Retirement Fund (AMRF) 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.

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

This section is not appropriate when purchased by Trustees

WARNING

If you propose to take out this policy in complete or partial replacement of an existing Approved Retirement Fund (ARF), Approved Minimum Retirement Fund (AMRF) 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 Ref. Policy Number

This policy **does** replace an existing policy

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), Approved Minimum Retirement Fund (AMRF) 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.

 Signature of intermediary

On behalf of (company name) Date / /

DECLARATION OF CLIENT

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

 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.

Scheme Title

Pensions Authority Reference Number Revenue Approved (tick if approved)

Name of Trustee (in **BLOCK CAPITALS**)

 Signature of Trustee Date / /

Date / /

Date / /

Section 11. Other Details

Use this space for other relevant details if required.

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.

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