

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: Fina	ncial Advisor Details						
Broker/Agent Name	Broker/Agent Code. This must be completed						
	d Direct Sales Only: Please enclose a copy of the completed Post- Retirement Personal Financial Review and Statement of application. We cannot process this application until we receive it.						
Your Manager							
Section 2: Pers	onal 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							
Are you ordinarily resi	Irish Life may use your e-mail address for servicing your policy. ident 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 Pens	ion is required please fill in below.						
Dependant's Title (Mr	r/Ms/etc) Maiden Name if Married						
First Name	Surname						
Date of Birth	Male Female						

Section 3: Bank Details

Payment of the pension, must	t be to a bank, building society or Credit Union (via the Credit Union bank account).							
Name of bank								
Address of bank								
Name of account								
Bank Account Number (IBAN)								
All Irish account numbers are 22 characters long. The shaded boxes are only to be filled out in the case of a non-Irish bank account. Swift Bic								
Section 4: Importan	t Requirements - note the following							
In order to commence payment of the pension the following documents/information must be supplied to us:								
This form fully completed (remember to give your PPS number).								
A Pension choice quotation if used (must be within the guarantee period). Tridenance for a few all those provided at the application.								
 Evidence of age for all those named on the application. Evidence of marriage, civil partnership or financial dependency if a dependant's pension is payable. 								
 Evidence of marriage, civil partnership or financial dependency if a dependent's pension is payable. A cheque for the purchase price of the pension (if not coming from an Irish Life Pension Scheme). 								
If the required items are not submitted with the application form we will be unable to proceed with payment of the pension. The application will be returned and annuity rates may have to be revised, if any requirements are missing.								
with Irish Life as registered en	pension will be taxed as an income. If you wish to avoid the emergency tax basis, we need a P45 or a Tax Credit certific mployer. It is up to you to obtain a Tax Credit certificate. If you need to request a Tax Credit certificate you can contact t sting your PPS number and Irish Life's registered employer number which is 0087900D.							
Section 5: Product (Options							
Total Investment Amount	€							
Tax Free Lump Sum	€							
Balance remaining for Annuity	y €							
Section 6: Type of P	Pension Required	_						
Pension Amount	€ p.a. Date of commencement / / /							
All payments are made on the firs	st of the month and the initial payment is adjusted proportionately for the commencement date selected.							
Minimum Payment Period	5 years 10 years Other years							
Dependant's pension as a per	rcentage of the main pension None 50% 100% Other							
Is overlap to be included?	Yes No							
Overlap means the dependant's p	pension starts just after the death of an annuitant. Otherwise it starts at the end of the Fixed Payment period, if later.							
Complete the following sect Revenue Rules.	tion only if yearly increases in pension are required. Only one of the following may be chosen in accordance witl	h						
TYPE/DESCRIPTION	WRITE THE % INCREASE/CAP REQUIRED OPTION CHOSEN (Tick one box)	SE						
Fixed Increase – Compound	% (write the % increase here. Max is 7.5%)							
Inflation linked – Yearly Limit	% (write the cap % required)							
If fixed compound interest inc	creases greater than 3% p.a. are chosen, you must provide the following details:							
Maximum pension allowed by the Revenue Commissioners (only required for occupational schemes).								
Before taking a tax free lump sum €								
After taking a tax free lump sum €								
PENSION INCREASE PROD	DUCTS EXPLAINED							
Compound Interest	The pension will increase by a fixed percentage each year. The increase will always be based on the latest pension amount. These increases are also known as cumulative.							
Inflation – Yearly Cap	The pension will increase by the lesser of (a) the increase in inflation or (b) the nominated percentage cap. The inflation increase is calculated using quarterly Consumer Price Index (CPI) figures over the previous year							

In the event of negative inflation, we will not reduce the payment levels on CPI linked annuities.

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. X Signature of Annuitant Signature of Dependant X X ∠ Signature of Trustees

X X

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

Approved Minimum Ret take special care to satisf financial consequences	at this policy in complete or pair irement Fund (AMRF) or Vest by yourself that this policy me of replacing your existing pol Please complete this section b	ted Personal Retire ets your needs. In _l icy. If you are in do	ment Savings Account particular, please make ubt about this, please c	(PRSA) policy, please sure you are aware of the
This policy does not replace a	ın existing policy	DR		
This policy does replace an ea	kisting policy R	Ref. Policy Number		
DECLARATION OF INTERM	MEDIARY			
I hereby declare that in accord	dance with Regulation 6(1) of the	e Life Assurance (Pro	vision of Information) Reg	ulations, 2001
				(Insert client name in BLOCK LETTERS)
of replacing an existing Appro		proved Minimum Re	tirement Fund (AMRF) or	the client as to the financial consequences Vested Personal Retirement Savings f such replacement.
∠ Signature of intermediary	X			
On behalf of (company name)	1			Date dd/mm/VVVV
DECLARATION OF CLIENT				
I confirm that I have received	in writing the information specifi	ed in the above decla	aration.	
∠ Signature of Annuitant	X			Date od / mm / y y y y
Section 10. Addition	nal Trustee Declaration	n (for transfer	s from an occupa	tional pension scheme only)
I/we agree to the setting up o	f this policy in the name of the A	nnuitant.		
Scheme Title				
Pensions Authority Reference	Number		R	evenue Approved (tick if approved)
Name of Trustee			(i	n BLOCK CAPITALS)
∠ Signature of Trustee	X			Date dd/mm/yyyy
	X			Date dd/mm//y/y/
	X			Date do/mm/yyyyy
Section 11. Other D	etails			
Use this space for other releva				
	<u> </u>			

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.

