



ANNUITY PROPOSAL FORM EXECUTION ONLY

APPLICATION 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 the 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: Execution Only

I confirm that I have not looked for a full financial review by Irish Life Assurance before completing this application for an annuity. I have been advised by Irish Life Assurance that as it does not have the information necessary to assess my suitability for this annuity product it cannot offer me any assistance in relation to the choice of this annuity. I have familiarised myself with this product and I confirm that I request Irish Life Assurance to arrange this annuity on my instruction.

Signature of Annuitant Date / /

Section 2: Personal Details

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

First Name Surname

Please use both the first name and surname.

Address

Telephone Number Mobile Home

Email Address

Please provide your mobile phone number and your email address, both are needed so you can access your pension saving details through our online services. Irish Life may use your e-mail address for servicing your policy.

Are you ordinarily a 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 PPS Number should contain 7 digits and 1 or 2 letters. This is required for Revenue approval.

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 3: Bank Details

Payment of the pension must be to a bank, building society or Credit Union (via the Credit Union bank account).

Name of bank	<input type="text"/>
Address of bank	<input type="text"/>
Name of account	<input type="text"/>
Bank Account Number (IBAN)	<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"/>
	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	<input type="text"/> - <input type="text"/> - <input type="text"/>

Section 4: Important Requirement - 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 Pensionchoice quotation if used (must be within the guarantee period)
- Evidence of age for all those named on the proposal
- Evidence of marriage, civil partnership or financial dependency if a Dependant'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.

Taxation of the pension: The pension will be taxed as an income. If you wish to avoid the emergency tax basis, we need a P45 or a Tax Credit certificate with Irish Life as registered employer. It is up to you to obtain a Tax Credit certificate. If you need to request a Tax Credit certificate you can contact the Revenue Commissioners quoting your PPS number and Irish Life's registered employer number which is 00879OOD.

Section 5: Product Options

Total Investment Amount	€ <input type="text"/>
Tax-Free Lump Sum	€ <input type="text"/>
Balance remaining for Annuity	€ <input type="text"/>

Section 6: Type of Pension Required

Pension Amount	€ <input type="text"/> p.a.	Date of commencement	<input type="text"/> / <input type="text"/> / <input type="text"/>
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All payments are made on the first of the month and the initial payment is adjusted proportionately for the commencement date selected.

Fixed Payment Period	5 years <input type="radio"/>	10 years <input type="radio"/>	Other <input type="radio"/>	years <input type="radio"/>
Dependant's pension as a percentage of the main pension	None <input type="radio"/>	50% <input type="radio"/>	100% <input type="radio"/>	Other <input type="text"/>
Is overlap to be included?	Yes <input type="radio"/>	No <input type="radio"/>		

Overlap means the dependant's 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 section only if yearly increases in pension are required. Only one of the following may be chosen in accordance with Revenue rules.

TYPE/DESCRIPTION	WRITE THE % INCREASE/CAP REQUIRED	OPTION CHOSEN (Tick one box)	OFFICE USE
Fixed Increase – Compound Interest %	<input type="text"/> % (write the % increase here. Max is 7.5%)	<input type="radio"/>	C
Inflation linked – Yearly Limit	<input type="text"/> % (write the cap % required)	<input type="radio"/>	Y

If fixed compound interest increases 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	€ <input type="text"/>
After taking a tax-free lump sum	€ <input type="text"/>

PENSION INCREASE PRODUCTS 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 and Tax Declaration

Data Privacy Notice

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

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	<input type="text" value="X"/>	Date	<input type="text" value="dd"/> <input type="text" value=""/> / <input type="text" value="mm"/> <input type="text" value=""/> / <input type="text" value="YYYY"/> <input type="text" value=""/>
Signature of Dependant	<input type="text" value="X"/>	Date	<input type="text" value="dd"/> <input type="text" value=""/> / <input type="text" value="mm"/> <input type="text" value=""/> / <input type="text" value="YYYY"/> <input type="text" value=""/>
Signature of Trustee	<input type="text" value="X"/>	Date	<input type="text" value="dd"/> <input type="text" value=""/> / <input type="text" value="mm"/> <input type="text" value=""/> / <input type="text" value="YYYY"/> <input type="text" value=""/>
Signature of Trustee	<input type="text" value="X"/>	Date	<input type="text" value="dd"/> <input type="text" value=""/> / <input type="text" value="mm"/> <input type="text" value=""/> / <input type="text" value="YYYY"/> <input type="text" value=""/>
Signature of Trustee	<input type="text" value="X"/>	Date	<input type="text" value="dd"/> <input type="text" value=""/> / <input type="text" value="mm"/> <input type="text" value=""/> / <input type="text" value="YYYY"/> <input type="text" value=""/>

Please read carefully sections 9 to 10.

Section 9 must be signed by the person receiving the pension if the pension is being purchased from the proceeds of a personal plan. 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 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.



Please complete this section by ticking the appropriate box:

This policy does not replace an existing policy OR

This policy does replace an existing policy Ref. Policy Number

DECLARATION OF CLIENT

I confirm that the information specified in the above declaration is correct.

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 Details

Scheme Name

Pensions Authority Reference Number Revenue Approved (tick if approved)

Name of Trustee

Signature of Trustee Date

Section 11. Other Details

Use this space for other relevant details if required.

4717cb (Rev 4-18) standard ID

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.

Irish Life Corporate Business, Lower Abbey Street, Dublin 1, Ireland. T: 01 704 2000 • F 01 704 1905

