Personal Retirement Bond (PRB)

Use this form if you are a Trustee to set up a PRB or if you are an individual transferring an existing PRB to Irish Life.

Please use BLOCK CAPITALS throughout. If any item is blank or illegible, this will cause a delay in processing your form.

Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at **www.irishlife.ie/privacy-notice** or you can ask us for a copy.

Financial Adviser Name

Seller Code

If commission is not 2%, please state amount %

Are there any special considerations to be given to customer circumstances Yes ◯ No ◯

If yes **please provide a special considerations category for customer circumstances**

If other

Section 1: Member Details

Title Mr ◯ Mrs ◯ Miss ◯ Ms ◯ Other

Use both first name and surname in your employee records.

First Name Surname

Address

Please notify us of future changes in address so Irish Life always has the correct record.

Phone Home Mobile

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.

Date of Birth Male ◯ Female ◯

Relationship Status Married ◯ Single ◯ Widow(er) ◯ Separated ◯ Divorced ◯ Civil Partner ◯

PPS Number should contain 7 digits and 1 or 2 letters. This is required for Revenue Approval.

PPS Number

Partner's* First Name Partner's Surname

Partner's Date of Birth

*Partner is defined as a spouse or civil partner or a person living in a spousal type relationship with the member for 12 months or more at the date application for cover is made.

Only to be completed if the employment has ceased in relation to this PRB transfer amount.

Date employment began Date employment ended

a. Salary at date of leaving € This is not applicable if a 20% director.

b. Other earnings for last three years before leaving (e.g. bonuses, overtime)

€ € €

c. 20% directors only: Total earnings for best three consecutive years out of last 10 years

€ € €

Note: The options available when leaving a pension plan depend on the rules of the plan. Please consult a financial advisor on these rules, as a PRB may not always be the best option.

d. Does the member and/or his/her dependant(s) hold 5% or more of the equity and/or the voting control of the company? Yes ◯ No ◯

e. Does the member and/or his/her dependant(s) hold 20% or more of the equity and/or the voting control of the company? Yes ◯ No ◯

Section 2: Revenue Commissioner Details

Please tick the appropriate box for each of the following

This information is required for the purpose of calculating Revenue Commissioners maximum benefit limits.
If you answer 'yes' to any of the questions, please give details in the Notes section at the end of this form.

a. Was an approved pension plan taken out in connection with previous non-pensionable employment or while the member was self-employed? Yes ◯ No ◯

b. Is the member and/or his/her dependant(s) entitled to retained benefits? transfer payment? If yes please give details. Yes ◯ No ◯

c. Has the member received any pension benefits, including a refund of previous contributions, on leaving any other employment? Yes ◯ No ◯

d. Has the member irrevocably surrendered his/her right to take a tax-free lump sum in respect of some or all of his/her pension? Yes ◯ No ◯

e. Does any of the transfer relate to benefits from more than one previous pension scheme? transfer payment? If yes please give details. Yes ◯ No ◯

f. Has the transfer payment been split so that the transfer to the Irish Life PRB is part of a larger payment If yes please add details on notes page 6 for the above 2 comments. Yes ◯ No ◯

Section 3: Employee Declaration

I have read the information overleaf and I am satisfied that the information supplied is correct. I hereby authorise the Department of Social Protection to advise Irish Life of my most recent address on their records. I hereby authorise the Trustees of the

(hereinafter called the 'Plan') to transfer to an Irish Life PRB the amount which in the opinion of the said Trustees represents the value of my benefits on withdrawal under the Plan. In consideration of the payment of such transfer value to an Irish Life PRB, I hereby release the Trustees of the Plan from all liability to me and my dependants in respect of all benefits under the Plan with effect from the date of such transfer.

Please sign and date

Employee Signature Date

Section 4. Transfer Payment Details

Employer	Employee	Additional Voluntary Contribution (AVC)	Total
€	€	€	€

If the transfer relates to more than 1 employment please update the values for each employment in the notes section. If no breakdown is received it will all be applied as employer contribution and retirement benefit will be calculated accordingly.

Section 5: Investment Details

If option 1 is selected, 100% of the Personal Retirement Bond will initially be invested in the EMPOWER Personal Lifestyle Strategy. If option 2 is selected, the Personal Retirement Bond can be invested in up to 5 funds. Please make sure the total percentages add up to 100%. Further information on the fund options is available on **www.irishlifeemployersolutions.ie**.

Please select an investment option by ticking the box at the left hand side of the chosen option.

Be My Guide ◯ Option 1 - 100% Irish Life EMPOWER Personal Lifestyle Strategy

The Irish Life EMPOWER Personal Lifestyle Strategy (EMPOWER PLS) first invests in a growth fund and then starts to switch into less volatile funds from 11 years to retirement which helps protect the PRB fund value against market fluctuations as you get closer to retirement.

From 6 years to go until retirement the strategy also gradually moves the pension savings into funds appropriate to the retirement benefits that the PRB holder is likely to take at retirement.

I'll Decide ◯ Option 2 - My own investment choice

If this option is chosen, you must tell us what percentage the PRB holder wishes to invest in each fund. 100% can be invested in one fund or the investment can be spread over a number of funds (to a maximum of 5 funds), but the total must equal 100%.

Fund Name	Risk Rating	Regular Contributions
EMPOWER Cash Fund (cash)	1	%
EMPOWER Stability Fund (mixed assets)	2	%
EMPOWER Cautious Growth Fund (mixed assets)	3	%
EMPOWER Pension for Life Fund (bonds)	4	%
EMPOWER Growth Fund (mixed assets)	4	%
EMPOWER High Growth Fund (mixed assets)	5	%
Indexed World Equity Fund (equities)	6	%
Other funds (please specify)		
		%
		%
Total		1 0 0 . 0 0 %

I'll Decide ◯ Option 3 - Other fund not listed

Please complete a Specialist Fund Choice Form - **www.irishlifeemployersolutions.ie** in the Download Centre, Customer Service Forms section.

Section 6: Details of Purchasing Scheme

Name of Purchasing Plan

Pensions Authority Reference

Revenue Reference Number

Arrangement transferring from Defined Benefit Pension Plan ◯ Defined Contribution Pension Plan ◯

Normal Retirement Age Expected Retirement Age

Expected Retirement age is the age when the PRB holder intends to take retirement benefits.

Name(s) of Trustees
1.
2.
3.
4.

Name of Employer

a. Has the transfer payment been split so that the transfer to the Irish Life PRB is part of a larger transfer payment? If yes please give details. Yes ◯ No ◯

b. Can the Irish Life Personal Retirement Bond benefits be taken as a tax-free lump sum? The Revenue Commissioners is part of a larger transfer payment? If yes please give details. If you have more than one bond, please state which (if any) can be used to take the tax free lump sum benefit. Yes ◯ No ◯

c. Do the rules of the scheme allow the member to avail of the Approved Retirement Fund (ARF) option? Yes ◯ No ◯

d. Is there a Pension Adjustments Order (PAO) granted against the payment? (If yes, please give details overleaf). Yes ◯ No ◯

If a spouse's or civil partner's pension on death after retirement is to be provided please specify the appropriate percentage of the member's pension before commutation. %

Section 7: Trustee Declaration

I/we declare that the information given in this form is complete and correct and request that a Personal Retirement Bond be issued in the name of the employee in accordance with the details set out above.

I/we confirm that:

i. The Purchasing Scheme is (or is intended to be) exempt approved for the purposes of the Taxes Consolidation Act 1997.

ii. The Plan documentation empowers the trustees to purchase the Personal Retirement Bond for the employee instead of the benefits for or in respect of the employee under the Plan.

I/we consent to any future endorsements that may be required to enable a switch between any versions under the policy even though such switches may not now be possible under the current terms of the policy.

I/we acknowledge that Irish Life Assurance plc will provide only the benefits purchased under these bonds and will accept no further responsibilities in relation to the member and his/her dependants.

I/we declare that the employee shall be entitled to request a transfer payment in accordance with the terms of the Personal Retirement Bond, to another scheme instead of the provision of benefits under the Personal Retirement Bond.

I/we declare that I/we consent to the:

a. Processing and holding (on computer or otherwise) of all information (personal and sensitive) disclosed on behalf of the PRB holder, 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.

b. disclosing of the PRB holder data (personal and sensitive) to persons necessary in connection with the above purposes, to the regulatory authorities or as is required by law, to reinsurers and health professionals and other companies in the Irish Life Group or the Great-West Lifeco Group. This may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area.

Duly authorised to sign for and on behalf of the Trustees

Name _____ BLOCK CAPITALS

Please sign and date

Trustee Signature _____ Date _____

Section 8: Declaration under regulation 6(3) of the Life Assurance (Provision of information) Regulations 2001

I/we declare that the information given in this form is complete and correct and request that a Personal Retirement Bond be issued in the name of the employee in accordance with the details set out above.

Only complete this section if you are an individual PRB holder who wishes to transfer a PRB from another Life Office.

If you propose to take out this policy in complete or partial replacement of an existing buy out bond, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that 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 buy out bond ○

This policy **does** replace an existing buy out bond ○

If this policy does replace an existing policy, please specify the policy number and insurer

Declaration Intermediary/Insurer

PRB holder name

PRB holder address

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 policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.

Please sign and date

Seller Signature Date

for Name of intermediary or insurer

Declaration of Client

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

Please tick if appropriate

PRB Holder Signature Date

Section 9: Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP

We are obliged under Anti-Money Laundering legislation to identify PEPs or RCAs.

Are you a PEP or RCA? Yes ◯ No ◯

Who is a PEP?

A 'politically exposed person' means any individual, who currently is, or has at any time in the past 12 months, been entrusted with a prominent public function and performs one of the following roles:

a. A member of a parliament/member of a legislature or equivalent. ◯

b. A member of a Supreme Court, Constitutional Court or any other high level judicial body which passes non-appealable verdicts (except in exceptional circumstances). ◯

c. A member of a court of auditors or the board of a central bank. ◯

d. An ambassador, charge d'affaires or high ranking officer in the armed forces. ◯

e. A member of the administrative, management or supervisory body of a state owned enterprise. ◯

Who is a Relative?

a. Any spouse of the PEP. ◯

b. Any person who is considered to be a common law spouse of the politically exposed person under law. ◯

c. A child of the politically exposed person. ◯

d. Any spouse of the child of a politically exposed person. ◯

e. Any parent of the politically exposed person. ◯

f. Any other family member of the politically exposed person who is of a prescribed class set out by the Department of Finance. ◯

Who is a Close Associate?

a. Any individual who has a joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations with the politically exposed person. ◯

b. Any individual who has a sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person. ◯

Section 10: Data Privacy Notice and PRB Applicant Declaration

I declare that the information given in this form is complete and correct and request that a Personal Retirement Bond be issued in my name in accordance with the details set out above.

I confirm that:

i. The originating Purchasing Scheme is (or is intended to be) exempt approved for the purposes of the Taxes Consolidation Act 1997.

ii. And that the originating Plan documentation allowed the trustees to purchase the Personal Retirement Bond on my behalf.

I consent to any future endorsements that may be required to enable a switch between any versions under the policy even though such switches may not now be possible under the current terms of the policy.

I acknowledge that Irish Life Assurance plc will provide only the benefits purchased under these bonds and will accept no further responsibilities in relation to myself or my dependants.

I declare that I shall be entitled to request a transfer payment in accordance with the terms of the Personal Retirement Bond, to another scheme instead of the provision of benefits under the Personal Retirement Bond.

Data Privacy Notice

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

Sustainability Related Disclosures

I confirm that I received the relevant Sustainability Related Disclosures in good time before I made my investment decision.

PRB Applicant Declaration

I declare that the questions above have been answered honestly and with reasonable care and that the contract with Irish Life Assurance plc shall be comprised of this Application and Declaration.

PRB Applicant Signature | Date

Please sign and date

Section 11: Other Details

Please use this area to provide extra information in relation to any of the questions in the application form. Please indicate which question the extra information relates to.

Warning: Due to the nature of this product, it is important to ensure that it remains suitable for you. We recommend that you engage with your financial advisor on a regular basis to ensure its ongoing suitability.

Irish Life Assurance plc, trading as Irish Life 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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