

Pension Life Insurance Plan for Personal Pensions

terms and conditions booklet

This product is provided by Irish Life Assurance plc.



Introduction

We have designed this plan to provide cover which pays a lump sum to your estate if you die.

This plan is provided by us (Irish Life Assurance plc) to you (the proposer or proposers named in the plan schedule).

The plan consists of the plan schedule, this terms and conditions booklet and any extra rules which our head office staff may add in writing. Any conditions or extra rules we add in the future, if you agree, will also form part of this plan and may only be added by staff at our head office.

We have issued this plan to you on the understanding that the information given in the application in response to our questions and any related document is true and complete and that we have been given all information as required by those questions. Your application includes your application form (a copy of which has been sent to you) and any other medical or other questionnaires you have provided.

You must answer all of the questions in your application honestly and with reasonable care. We have relied on the information you have given us when deciding to insure you and when setting the terms and premium. Where we ask you to answer a specific question, the subject matter of the question is material to the risk we are undertaking or the calculation of the premium or both.

This could include questions about your health, family history, lifestyle habits (such as smoking, drinking alcohol or taking illegal drugs), occupation, income, age, other financial details, hobbies or pastimes.

If any of the answers to the questions are not answered honestly and with reasonable care, we may be entitled (depending on the breach) to declare the plan void, refuse your claim, treat your insurance as if it was entered on different terms, or reduce your claim.

In any future application(s) for changes to your cover after the start date of your plan if any of the questions are not answered honestly and with reasonable care, we may be entitled (depending on the breach) to declare the plan void, refuse your claim, treat your insurance as if it was entered on different terms, or reduce your claim.

We may refuse to pay a claim even if there is no direct medical connection between the illness that caused the claim and the medical condition which was not revealed to us on the application for cover. To do this we must be able to show that the facts you did not tell us about at the time the application was completed would have affected our original decision to provide the cover.

We will rely on what you have told us and you must not assume that we have automatically confirmed with your own GP or any doctor any information you have provided.

This plan is a protection plan only - you cannot cash it in. Even if you have not made a claim by the time the period of cover ends, we will not return your payments. All cover under the plan will end on the 'expiry date' shown in the plan schedule, unless it has ended before that for any of the reasons explained in this Terms and Conditions booklet.

The benefits provided under this plan are shown in the plan schedule. If we do not mention a benefit in the plan schedule, we do not provide that benefit.

If you are making a claim under this plan, please contact our head office at:

Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1

We will pay claims only from the assets we hold to make payments due to customers. We will normally pay all benefits under this plan in the currency of Ireland.

In legal disputes Irish law will apply and the Irish courts are the only courts which are entitled to hear any disputes.

In the event of extraordinary circumstances beyond our control including, without limitation, act of civil or military authority; sabotage; crime; terrorist attack; war or other government action; civil disturbance or riot; strike or other industrial dispute; an act of god; national emergency; epidemic; flood, earthquake, fire or other catastrophe, we may be prevented directly or indirectly from fulfilling our obligations under or pursuant to this plan or from doing so in a timely manner. If this happens, we are not liable for any loss, damage or inconvenience caused.

You can find more detailed information on all these matters in the relevant sections of this Terms and Conditions booklet.

How does the plan work?

You choose the amount of cover you want, and make the payments to us as set out in the plan schedule. If an event for which you are covered happens, we will pay you the appropriate benefit. We describe the benefits in greater detail later on in this Terms and Conditions booklet.

Who receives the money we pay out?

If you die during the term of the plan, we will pay the death benefit to the executors or administrators of your estate.

Transferring the plan

You cannot transfer or assign your plan or any of the benefits under your plan to anyone else in any circumstances except in the case of a pension adjustment order being granted by the Courts.

Writing to us

If you need to write to us about this plan, please write to:
Irish Life Assurance plc,
Irish Life Centre
Lower Abbey Street
Dublin 1.

Cooling-off period

If, after taking out this plan, you feel it is not suitable, you may cancel it by writing to us at the address shown above. If you do this within 30 days from the date we send you your plan (or a copy), we will return any payments you have made. We strongly recommend that you consult your Financial Adviser before you cancel your plan.

Complaints

We will do our best to sort out any complaint you may have. If you are not satisfied after complaining to us, you can take your complaint to the Financial Services and Pensions Ombudsman. You can get more information from:

Financial Services and Pensions Ombudsman

Lincoln House

Lincoln Place

Dublin 2

D02 VH29

Tel: (01) 567 7000 Email: info@fspo.ie Website: www.fspo.ie

Family law and pensions

If you are involved in a judicial separation, divorce, dissolution of a civil partnership or ending of a relationship with a qualified cohabitant, a pension adjustment order may be granted by the courts over the benefits we may pay from this plan when you die. You can get more information on how pension adjustment orders work from the Pensions Authority or your solicitor. You should notify us when you have received a Pensions Adjustment Order. You can reach The Pensions Authority at the following address:

The Pensions Authority,

Verschoyle House,

28-30 Mount Street,

Dublin 2

Phone: 01 613 1900

Email: info@pensionsauthority.ie

Website: www.pensionsauthority.ie

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Definitions

Section 1

This section defines some of the important words we use in this Terms and Conditions booklet.

Application form

This is the application form that you complete for this plan. Where you are exercising your guaranteed cover again option or conversion option, this also includes the original application form for your existing plan.

Benefit (or benefits)

The benefit shown in the plan schedule under the heading 'your benefits'. If, at any stage during the term of your plan, you choose to reduce your benefit amounts, your benefit amount will be lower than that shown on your schedule. We will send you a revised plan schedule showing your new benefit amounts at that time.

Expiry date

The 'expiry date' shown in the plan schedule. Cover will end on this date unless it has ended earlier.

Increase date

This is each anniversary of the start date shown in the plan schedule. On this day each year we will increase your benefits and payments if you have chosen inflation protection (see section 6.1).

Month

A calendar month.

Payment

Either:

- 'your total payment' as shown in the plan schedule under the heading 'your payment details'; or
- the amount we tell you when we reinstate cover under section 4.4.

Plan Schedule

This is part of your contract. It sets out the specific details of your plan such as:

- the start date:
- · the expiry date;
- the life covered:
- the benefits; and
- any special conditions you have agreed with us.

Start date

The start date shown in the plan schedule. Cover will start on this date.

We, us

Irish Life Assurance plc.

You

The person named as the life covered in the plan schedule and who is responsible for making the payments and is legally entitled to the plan benefits. The plan benefits depend on the life of that person.

Basis of cover

Section 2

This section explains the legal basis on which cover is given.

2.1 We have issued this plan to you on the understanding that the information given in your application in response to our *questions* and any related document is true and complete and that we have been given all information as required by those questions. If this is not the case we will be entitled to take the actions described below, depending on the nature of your breach.

Your application includes your application form, any medical questionnaires, or any other information provided in response to questions before entering this plan.

You must answer all of the questions in your application honestly and with reasonable care. We have relied on the information you have given us when deciding to insure you and when setting the terms and premium. Where we ask you to answer a specific question, the subject matter of the question is material to the risk we are undertaking or the calculation of the premium or both.

If you both have answered our questions honestly and with reasonable care, but if your answer includes a negligent misrepresentation (that is, not innocent or fraudulent), we are entitled to take the following actions:

(a) If, being aware of the full facts, we would not have entered the plan on any terms, this plan will be treated as void from the start of cover and we will refuse all claims, but return your premium;

- (b) If, being aware of the full facts, we would have entered the plan on different terms, the plan will be treated as if it had been entered into on those different terms;
- (c) If, being aware of the full facts, we would have charged a higher premium for the plan, we can reduce your claim proportionately.

If your answers to our questions are false or misleading in any material respect, and you know that they are false or misleading or consciously disregard if they are false or misleading (a "fraudulent misrepresentation") or any of your conduct involved fraud, this plan will be treated as void from the start of your policy. If this happens, you will lose all your rights under the plan, we will not pay any claim and we will not return any payments.

If cover is voided all cover may cease under the plan and we will tell you if this is the case.

2.2 If your cover ends but is reinstated under section 4.4, we will reinstate it on the understanding that the information given in the evidence of health form in response to our questions and any related document is true and complete and that all information has been provided as required by those questions.

If this is not the case, we will be entitled to take the actions described below, depending on the nature of your breach.

You must answer all of the questions in your evidence of health form honestly and with reasonable care. We will rely on the information you both provide when deciding to reinstate your cover and when setting the terms and premium. Where we ask you to answer a specific question, the subject matter of the

question is material to the risk we are undertaking or the calculation of the premium or both.

If you have answered our questions honestly and with reasonable care, but if your answer includes a negligent misrepresentation (that is, not innocent or fraudulent), we are entitled to take the following actions:

- (a) If, being aware of the full facts, we would not have entered the plan on any terms, this plan will be treated as void from the start of cover and we will refuse all claims, but return your premium;
- (b) If, being aware of the full facts, we would have entered the plan on different terms, the plan will be treated as if it had been entered into on those different terms;
- (c) If, being aware of the full facts, we would have charged a higher premium for the plan, we can reduce your claim proportionately.

If your answers to our questions are false or misleading in any material respect, and you know that they are false or misleading or consciously disregard if they are false or misleading (a "fraudulent misrepresentation") or any of your conduct involved fraud, this plan will be treated as void from the start of your policy. If this happens, you will no longer be covered, we will not pay any claim and we will not return any payments.

Approval

Section 3

This section explains the legal basis on approval for the plan is granted.

- **3.1** This plan is a life-assurance contract approved by the Revenue Commissioners under Chapter 2 of Part 30 of the Taxes Consolidation Act 1997. We cannot change the structure of the plan without the approval of the Revenue Commissioners.
- **3.2** We do not have to accept further payments under the plan if the plan is no longer approved by the Revenue Commissioners.

Making payments

Section 4

This section explains your responsibility for making payments, and what happens if you do not.

- 4.1 Although each payment is due on the payment dates shown in the plan schedule, we give you 30 days to make the payment unless you make payments monthly, in which case we will give you 10 days to make the payment. (The time allowed is known as a 'period of grace'.) If you become entitled to a benefit during a period of grace, we will take from your benefit any payment which you have not made.
- 4.2 If you have not made a payment by the end of the period of grace, your cover under the plan will end immediately. We do not treat a payment as being made until we have received it. It is up to you to make sure that we receive your payment. We are entitled to charge you any amount that we have to pay because we cannot collect all or part of your payment (for example, a direct debit is not paid because there is not enough money in your account).
- 4.3 If cover under your plan ends as described in section 4.2, you can reinstate your cover within 90 days from the date the first missed payment became due. You must make all the payments that would have been due if your cover had not ended. You will not be entitled to benefits for anything that happens between the end of the period of grace and the date we receive all missed payments.
- **4.4** If, after 90 days and before 180 days of the first missed payment being due, you ask for cover to be reinstated, you must fill in an

evidence of health form and make all the payments which you would have made if cover had not ended. If the information on the evidence of health form shows that your health is now different to that declared on the application form, we may refuse to reinstate cover. Or, we may restore the cover:

- without any change;
- with an increased payment; or
- · with new conditions.

If we decide to reinstate cover, we will ask you to start making payments again.

You will not be entitled to benefits for anything that happens between:

- the end of the period of grace; and
- the date, following our agreement to restore cover, on which we receive all missed payments.

If we accept a payment (or part payment) which is no longer due, this does not mean that we are providing cover. We will return the amount we receive as soon as we discover the mistake.

Your cover

Section 5

This section explains the benefits you can choose under the plan.

5.1 This plan only pays a benefit if you die before the expiry date of your life cover as shown on your plan schedule. The plan schedule shows the amount of life cover that we would pay.

Your plan may also have inflation protection (see section 6.1) or guaranteed cover again (see section 6.2). Check your plan schedule to see if these apply to this plan.

5.2 If we accept a claim for a death benefit, we will pay your executor or administrator the amount of benefit set out in the plan schedule plus the amount (if any) by which it has been increased under inflation protection (if you have inflation protection).

5.3 All cover will end for a life covered on this plan:

- at the end of a period of grace, if you have still not made all or part of a payment;
- on the expiry date of the life cover benefit, as shown in the plan schedule;
- when the life covered reaches age 75; or
- if the life covered dies whichever is earliest.

Changing the level of your cover

Section 6

This section explains how, for an extra charge, you can get some protection against inflation and have the right to renew your life cover or can alter the level of your cover.

6.1 Inflation Protection Option

This section applies if the plan schedule shows that inflation protection applies. This option works as follows.

Before the first and second increase date (see definitions section), we will offer you the opportunity to increase the amount of your cover. The increase will apply from the increase date. We will increase your cover by 3% each year. You do not need to give evidence of your health for these increases.

Your payments will increase by 4.5% each year.

If you want to cancel an increase in cover, you must tell us in writing before the increase date. If you do not cancel an increase in cover, the increased payments will be due from the increase date.

If you cancel the increase two years in a row, we will not offer you any further increases. You should remember this as there is no other way of increasing the cover under your plan other than sections 6.3 and 6.4 below.

6.2 Guaranteed Cover Again

If the plan schedule shows that guaranteed cover applies again you can change this plan into another life plan with us without having to provide evidence of your health. You must change the plan over before the expiry date or before you reach age 75 if earlier. You may only do this once. The following conditions apply.

- You must be under age 65 at the outset of the plan to select this
 option.
- The plan or cover must not have already ended as a result of missed payments or a benefit event happening.
- You will be offered a new plan, you will have the choice of two types of protection plan, as described below in Option A and Option B.
- The level of cover under the new plan for a life assured cannot be greater than the level of cover under this plan on the date you convert the plan.
- Guaranteed cover again applies to a maximum life cover sum assured of €5,000,000 for conversion to another fixed term protection plan. This limit applies to the total benefit amounts converted across all policies where the life assured has cover.
- The cost of the new plan will be based on the terms which apply at that time.
- We will issue the new plan under our normal terms which apply at the time this plan is converted.
- Any special conditions which attach to this plan will apply to the new plan. This option may not be available if certain special conditions apply to your plan. You can ask us whether any special conditions on your plan prevent you from taking up this option.

- If you are classed as a smoker on your existing plan you will be classed as a smoker on the new plan. You may have the option of moving to non-smoker rates at the time of conversion, subject to process, sum assured, age criteria or other rules, that are then in place in relation to changes of smoker status.
- You must apply in writing before the expiry date of the benefit.
- When you convert this plan, all cover under it will end.
- The indexation option is not available on the new plan.
- If you have reduced your benefit amounts, the option will apply to the lesser of your current and original benefits.
- To avail of this option you must apply in writing before the expiry date of the life cover benefit, subject to the plan conditions and benefits we offer at that time

<u>Option A</u> – Take out another fixed term protection plan which will provide life cover for a specified term, after which cover will cease.

- If you have chosen the guaranteed cover again option on this plan then you have the option to get guaranteed cover again under the new plan.
- The term of your new plan plus your age when exercising cannot pass the current maximum expiry age limits. This is currently 85, but these may change in the future.
- The only benefit available on the new plan will be life cover.

Option B – Take out a whole of life protection plan with Irish Life which will provide life cover for the remainder of your life, as long as you continue to pay premiums. To avail of this option you must

apply in writing before the expiry date of the life cover benefit, subject to the plan conditions and benefits we offer at that time. (The plan conditions and benefits for a whole of life protection plan may be different than a fixed term protection plan in Option A)

 The new whole of life protection plan will be subject to the maximum sum assured limit on the whole of life product available at the time you convert your cover. This limit may be different to the maximum sum assured limit available on a fixed term protection plan available at the time you convert your cover in Option A. This sum assured limit will apply across all policies that the life assured has with Irish Life.

6.3 Guaranteed insurability option

This is an automatic additional benefit. If cover has not ended, you can ask us to set up a new plan for the lesser of:

- 50% of your initial life cover benefit (or your new benefit amount if you have reduced your level of cover); or
- €125,000 life cover.
 - And, you do not have to provide evidence of health. This applies within three months of:
- Being granted a new mortgage or an increase in an existing mortgage (the increase in cover cannot be higher than the mortgage or increase in mortgage), where the new or increased mortgage arises from a move to a new house or significant improvements to the existing house. The mortgage must be drawn down.
- getting married; or

- having or adopting a child; or
- an increase in the life assured's salary, as a result of a change in job or getting a promotion. In this instance, the percentage increase in the sum assured is limited to the percentage increase in salary. Your employment status must be employee / employed. This is not available where your employment status is selfemployed, company director or partner.

You must be aged 55 or under in order to exercise this option.

You will need to provide independent proof of the mortgage, marriage, birth, adoption or salary increase before we can set up a new plan. You must ask for a new plan under this paragraph within three months of the marriage, birth, adoption or salary increase, or the date of the mortgage drawdown.

The following conditions apply.

- You can only take advantage of this option twice.
- The plan or cover must not have already ended as a result of missed payments or a benefit event happening.
- You will be offered a plan with a guaranteed payment and fixed term, assuming we have such a product available at that time.
- The cost of the new plan will be based on the terms which apply at that time.
- We will issue the new plan under our normal terms which apply at the time this option is exercised.
- Any special conditions which attach to this plan will apply to the new plan, in particular, if you are classed as a smoker on your existing plan you will be classed as a smoker on the new plan. You

may have the option of moving to non-smoker rates at the time of conversion, subject to process, sum assured, age criteria or other rules, that are then in place in relation to changes of smoker status.

- You must apply in writing before the expiry date of the benefit.
- This option will not apply to the new plan.

6.4 Optional Flexibility

If your plan has not ended, subject to certain rules, you may ask us to:

- Reduce your cover or remove a benefit altogether.
- Reduce the term of your plan
- Increase your existing benefits
- Increase the term of your plan

The following conditions apply:

- You can only increase benefits or alter the term of your plan during the first five years of your plan.
- To increase your benefits or the term of your plan you must be aged 49 or younger.
- The original term of your plan must be greater than ten years for you to be allowed to increase or reduce the term remaining on your plan.
- If you wish to increase your benefits or extend your term the current life cover amount cannot exceed €500,000 per life.

- The maximum benefit increase allowed is 20% of the current benefit amount
- The maximum term extension allowed is 5 years
- The term cannot be extended past age 75
- You cannot increase benefits or alter the term on plans that were rated or had exclusions at inception, nor is it permitted on cases that have submitted a claim prior to requesting the plan be altered.
- Where a benefit is being increased and / or a term is being extended, a declaration of health is required. Customers must pass this in order for the alteration to be accepted
- A benefit can only increase once.
- The term of the plan can only be extended once.
- If you choose to alter your plan we will review your payments.
 Payments must be at least €15 a month (or another amount we may specify at the time).
- For your plan to continue, the life assured must always have life cover of at least €1,000.
- If you have chosen the guaranteed cover again option, it cannot be removed.

Exclusions

Section 7

This section explains the circumstances in which we will not pay benefits.

If you die within a year of the start date, or within a year of increasing the life cover, as a result of your own deliberate act, or if, within the first year, you are executed as the result of a penalty imposed by a court of law, we will not pay out any benefit under the plan.

We reserve the right to refuse to accept medical evidence produced from any country in respect of life cover benefit, other than from a recognised hospital in Ireland or the United Kingdom or health professional resident in Ireland or the United Kingdom. You must write and tell us immediately if you start living in a country that is not an accepted country. These are any Member State of the European Union, United Kingdom, Australia, Canada, New Zealand, Norway, South Africa, Switzerland and the USA. We will then decide whether cover can continue or not, and on what basis.

Claims

Section 8

This section explains how to make a claim and how we will assess your claim.

- **8.1** We have worked out your benefits on the basis that your date of birth is correctly shown on the application form. When you make a claim, we will ask for proof of the date of birth. If the date of birth on the application form is not correct, we will work out the benefits again in line with the correct date of birth.
- **8.2** We will not consider any claim until we have received the following.
- · A properly filled in claim form.
- Proof of entitlement to claim the benefits. This could include proof that you have followed these terms and conditions and any special conditions contained in the plan schedule. We will ask the person making the claim for a grant of probate or letters of administration.
- Proof (in the form of a birth certificate) of your age.
- The original plan documents. If they are not available, whoever makes the claim must accept legal responsibility if it turns out that someone else is entitled to the benefit.

We are entitled to ask for proof of death in the form of a death certificate, and any other proof we reasonably need.

If any of the information we have been given is not correct, true or complete, we will not pay the benefits claimed and may also change the other benefits under the plan, or end the plan altogether.

8.2.1 In respect of Life Cover, Irish Life reserves the right to refuse to accept medical or other required claim evidence produced in any country other than Ireland or the United Kingdom.

Any claim forms, medical reports or other claim related evidence should be submitted in the English language. If this is not possible certified English language translations (by a professional translation service) and original documents must be provided by the claimant. Any associated costs incurred by Irish Life in relation to the translation or the verification of claim related documents provided by the claimant or third parties including doctors will be deducted from any claim benefits payable.

Tax

Section 9

This section explains what will happen if there is any change in Irish tax law.

Any taxes or levies imposed by the government will be deducted by Irish Life and passed directly to the Revenue Commissioners.

We must pay out the benefit under this plan in line with current Irish tax legislation (as at October 2021). If Irish tax laws or any other relevant laws change after the start date, we will change the terms and conditions of the plan if we need to do this to keep the plan in line with those changes. We will write and tell you about any changes.

We recommend that you seek independent tax advice in respect of your own specific circumstances.

Other information

Section 10

This section provides other information you need to know.

- **10.1** This plan does not have any cash-in value.
- **10.2** This plan is governed by the law of Ireland, and the Irish courts are the only courts which are entitled to hear any dispute.
- 10.3 If any court or any other relevant authority deem any provision (or part of a provision) of these conditions invalid, illegal or unenforceable then this provision will not form part of this contract. The other provisions of the contract will not be affected by this decision.
- 10.4 If it has not already ended, the plan and all cover will end when you reach age 75, unless the Revenue Commissioners agree otherwise.





Contact us

Phone: 01 704 2000 Fax: 01 704 1900

e-mail: customerservice@irishlife.ie

Website: www.irishlife.ie

Write to: Irish Life Assurance plc., Irish Life Centre, Lower Abbey Street, Dublin 1.

In the interest of customer service we will record and monitor calls.

Irish Life Assurance plc, Registered in Ireland number 152576, Vat number 9F55923G.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

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