

PERSONAL PENSION PLAN BESPOKE SELF-INVESTED PERSONAL PENSION



Please tick (✓) where appropriate.

1. Personal details

Title: Mr Mrs Ms Other

Surname:

First name:

Address:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Chosen Pension Age: years (must be between 60 – 75)

Sex: Male Female

Occupation:

Marital Status: Maiden name: (if applicable)

Salary: per annum €

PPS Number: (Personal Public Service No.)

Telephone:

Email:

Please submit evidence of age with this application. The maximum age allowed for investment in this fund is 50.

2. Investment details

Single Premium €

Bespoke SIPP Fund* 100%

*Minimum investment in the Bespoke SIPP Fund is €150,000.

3. Eligibility

This form is for the self-employed or people in non-pensionable employment. We are required to ensure you are eligible to start a New Ireland Personal Pension. Please answer the following questions on eligibility.

1. Are you self-employed or a partner personally acting in some trade, profession or occupation? Yes No
- If NO, are you employed in an occupation which is non-pensionable? Yes No
2. Are you an Irish resident for tax purposes? Yes No

Controlling Directors of investment companies are not eligible to effect a Personal Pension.

Employment is pensionable if in connection with it, you are a member of any scheme or arrangement from which you expect to receive a retirement benefit which will not have been fully provided out of your own resources.

Please give policy numbers of any existing retirement policies with New Ireland.

4. Declaration of receipt of disclosure information and policy replacement

- Please ensure you complete this section before signing this proposal for assurance.
- Declaration under Regulation 6(3) of the Life Assurance (Provision of Information) Regulations, 2001.
- **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 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.**

Declaration of Insurer or Intermediary

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, the Policy Owner(s), as stated in Section 1 of the Application, 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.



Insurer/
Intermediary
Signature:

Date:

D	D	M	M	Y	Y	Y	Y

Declaration of Policy Owner

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



Policy Owner
Signature:

Date:

D	D	M	M	Y	Y	Y	Y

5. Declarations – Investment

I request that New Ireland Assurance Company plc links my policy to the Bespoke SIPP Fund ("the Fund") to invest in units in the Gateway Fund ("the Unit Trust").

I understand and agree that the assets underlying the Unit Trust must be agreed directly between me and the Unit Trust.

I understand and agree that New Ireland Assurance Company plc will not be involved in or take any responsibility for the investment, management or supervision of the assets of the Unit Trust.



Signature of Applicant:

Date:

D	D	M	M	Y	Y	Y	Y

6. Declarations/Data protection consent

- I declare that all the answers to all the questions in this application are in every respect true and complete and shall be the basis of the proposed contract between me and New Ireland Assurance Company plc. I understand that this contract cannot be surrendered, commuted or assigned except as provided by Sections 784 & 785 of the Taxes Consolidation Act 1997.
- I understand that the investment fund linked to my contract holds units in the Gateway Fund ('the Unit Trust') and that the realisable value of those units determines the value of my policy. I understand that the units in the Unit Trust are the sole legal and beneficial property of New Ireland Assurance Company plc.
I understand that the value of units in the Unit Trust can fall as well as rise and that for assets denominated in foreign currencies, changes in exchange rates may adversely affect the values of such assets. I understand that any gearing undertaken by the Unit Trust may result in greater volatility than that associated with traditional unit-linked investments.
- I request that New Ireland link my policy to the Bespoke SIPP Fund and that I be authorised on behalf of New Ireland, as the unit holders in the Unit Trust, to give instructions regarding the underlying investments of the Unit Trust subject to limitations as laid down from time to time by New Ireland. I understand that this authorisation may be revoked by New Ireland at any time by giving written notice to me.
- I acknowledge and agree that New Ireland reserves the right to limit the nature and spread of investments underlying the Unit Trust. In addition, I acknowledge and agree that the Unit Trust may enter into transactions on my behalf in non-ready realisable investments. I will inform the trustee of the Unit Trust if I do not wish the underlying assets of the investment fund linked to my policy to be invested in such investments. Where any of the underlying assets of my investment fund are illiquid I understand that New Ireland reserves the right to defer the payment of benefits, either in whole or in part, until such time as the assets can be realised.
- I acknowledge that my investment will not begin until New Ireland has received and accepted a fully completed application form, any other documentation or information requested and until it has received the investment amount.
- I understand and consent that New Ireland and its duly authorised agents may hold and use Information on computer file, in any other dematerialised form or in written hard copy on its own behalf and may use or pass the Information to third parties for administration, regulatory, customer care and service purposes.


I understand that in the event of my application not proceeding, information provided in connection with my application will be retained by New Ireland for a period of six years to facilitate any future application by me and as a protection against non-disclosure of material facts.

- I agree that New Ireland or a duly authorised agent of New Ireland may contact me in person, by phone, or by letter if it considers that my financial planning arrangements need to be reviewed or my level of cover needs to be revised. Yes No
- I agree that the Information may be held and used by New Ireland for Marketing purposes. Yes No

I understand that I may write to advise New Ireland to cease to hold and use the Information for Marketing purposes at any time.

"Information" means any information including medical and non-medical given by me or on my behalf in connection with this application or any further information which may be given at a later stage either in writing, by email, at a meeting or over the telephone.

"Marketing" means direct marketing and cross-selling of the services and/or products provided by New Ireland or arranged by New Ireland with a third party.

	Signature of Applicant: <input type="text"/>	Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y								
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7. To be completed by Insurance Intermediary

Name:	<input type="text"/>		
Agency No.:	<input type="text"/>	Broker Consultant's Name	<input type="text"/>
Branch No.:	<input type="text"/>	Broker Consultant's No.:	<input type="text"/>
Adviser Email:	<input type="text"/>		

Date Received in Branch:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									Money Laundering Check:	<input type="checkbox"/> Yes <input type="checkbox"/> No
D	D	M	M	Y	Y	Y	Y												
Date Sent to Head Office:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									Cert. of Ident. Req.:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Application Checked:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Factfind:	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Section 30 Receipt:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> N/A																

New Ireland Assurance Company plc.,

11-12 Dawson Street, Dublin 2.

T: (01) 617 2000 F: (01) 617 2800.

E: info@newireland.ie W: www.newireland.ie

A Member of Bank of Ireland Group.

New Ireland Assurance Company plc is regulated by the Financial Regulator.

301146 V2/04/08



NEW IRELAND
ASSURANCE