

Irish Life EMPOWER Master Trust

Application Form

Before you give us your personal information please note that Irish Life and the EMPOWER Master Trust have Data Privacy Notices. These explain what your data protection rights are and how and why we use your personal information. The Irish Life Data Privacy Notice is always available on our website at www.irishlife.ie/privacy-notice or you can ask us for a copy.



The Master Trust Data Privacy Notice is available at http://www.irishlifecorporatebusiness.ie/sites/default/files/MTTrustee_DataPN.pdf or you can ask us for a copy.

Please use BLOCK CAPITALS throughout. If any item is blank or illegible, it may cause a delay in processing your application.

Please send us employee information on a spreadsheet or on application forms for all members of the plan. Advise all potential members of whose data you are providing us of the availability of the Data Protection Notices as above. If we are missing any information you and your employees may not be able to claim tax relief or benefits from your pension plan.

Please note that if you do not provide all relevant information it could make the contract void. Relevant information is information which Irish Life regards as likely to influence the assessment and acceptance of your application. If you are in any doubt as to whether any facts are relevant you should always supply them.

Please ensure that you fully understand all questions and notes. Your broker or Irish Life Account Manager will be on hand to help you. Premiums will not be invested until we receive all the necessary documentation. I confirm that the meaning of disability, the benefits available under the policy, the general exclusions and the reductions applied to the benefit have been explained to me.

Employer Signature

Date

Section 1: Your Company Details

Name of Employer

Address for Correspondence

Registered Address

Administration Contact Name

Email Address

Telephone

Fax

Payroll Contact Name

Payroll Contact Email Address

Payroll Contact Phone No

Name of Payroll Package/Software used

Nature of business

Company registration number

Tax reference number

Tax district

Number of employees in Company

Full-time employees

Part-time employees

Please name each employee who alone or together with his/her spouse/civil partner, directly or indirectly owns or controls shares carrying:

- a. 20% or more of the voting rights of the employer
- b. 5% or more of the voting rights of the employer

If there are additional participating employers, an Associated Participation Agreement must also be submitted with this application form (in addition to the Participation Agreement).

Names of other participating employers

Degree of Association

Plan Details

Section 2: Agent Details

The Trustee confirms that where a Participant nominates the appointment of an Agent in the Empower Master Trust Information Form, the Trustee hereby appoints such Agent in accordance with the Participant's nomination.

The Trustee appoints

as our agent for this plan.

Contact name

Code to be completed by your Broker or Irish Life Account Manager

Email Address

Address

Telephone

Section 3: Pension Contribution Details

Frequency of payment Monthly

Please note that all contributions must be paid within 21 days of the end of the month on which they are deducted from the members.



If you have selected Variable SEPA Direct Debit or Automatic SEPA Direct Debit as your payment method please complete the SEPA direct debit mandate in Section 15 of this application form.

Method of payment

Variable SEPA direct debit

With Variable SEPA direct debit you can instruct Irish Life Corporate Business to collect your pension contributions from your bank account each month by sending your contribution schedule by email to code@irishlife.ie or through Secure Path on Pension Planet Interactive.

Electronic Fund Transfer

With Electronic Fund Transfer you can transfer payments directly from your bank account to our bank account.

Declaration

I/we confirm that I/we have read, understood and accepted the terms and conditions provided to me regarding the payment method I/we have chosen from the list above.

Signature

Date

Payment method for member contract charge and Pensions Authority fee:

Payment will be invoiced with life assurance and income protection costs. However, if there are no risk benefits, charges will be invoiced once per year

Invoiced or Monthly unit deduction
Annual review date Date
Contribution start date Date

Standard Contribution rates

If contribution rates differ for individual employees the individual rates can be specified in the employee application forms.

- | | | | |
|---|-----|----|-------------|
| a. Employer contributions | | | % of salary |
| b. Employee contributions | Yes | No | % of salary |
| c. Employee Additional Voluntary Contributions (AVCs) | Yes | No | % of salary |

Other

Section 4: Investment Details

100% of contributions must be invested in the EMPOWER Personal Lifestyle Strategy (EMPOWER PLS) if selected.

Default investment choice

The Trustee has selected the EMPOWER Personal Lifestyle Strategy as the default investment strategy, which will be used if members choose not to make their own investment decisions or do not specify an individual fund choice on their application form.

Other investment options available

Further information on the fund options is available on www.irishlifecorporatebusiness.ie

Funds

EMPOWER Cash Fund	EMPOWER Growth Fund	Sustainable Corporate Bond Fund
EMPOWER Stability Fund	EMPOWER High Growth Fund	Sustainable Equity Fund
EMPOWER Cautious Growth Fund	Indexed World Equity Fund	Sustainable Emerging Markets Equity Fund
EMPOWER Pension for Life Fund		

Section 8: Payment of Life Assurance and Income Protection Costs

The cost of any life assurance benefits and income protection benefits will be invoiced to the employer.

Please tick as appropriate

Payment method Monthly SEPA direct debit
Yearly SEPA direct debit
Please complete SEPA Direct Debit Mandate (section 15 of this form).
Yearly electronic Transfer

Section 9: Automatic Acceptance for Life and Income Protection Benefits Without Medical Evidence

The following conditions need to be satisfied if an employer wishes to qualify for the automatic acceptance of a specified level of benefit (to be decided by Irish Life) without medical underwriting for life assurance and/or income protection members.

- i. the benefits for all employees are calculated by a formula
- ii. in the case of life assurance, there are three or more members
- iii. in the case of income protection there are five or more members
- iv. all employees who satisfy the eligibility conditions* are included for life cover and income protection cover
- v. all employees applying for life cover and income protection cover are actively at work on the date cover commences

Please state the date on which cover is due to commence Date

*Please specify the eligibility conditions for life assurance and income protection such as age, service or employment status.

We need details of all employees who are absent from work due to illness or injury on the date life and income protection cover starts.

Name	Date Illness Commenced
Name	Date Illness Commenced
Name	Date Illness Commenced

Where income protection cover is being provided please also list employees who were absent from work due to illness or injury for more than 10 working days in the three calendar months immediately prior to the date cover commences:

Name	Number of days absent
Name	Number of days absent
Name	Number of days absent

Please inform us of any other members who are absent by including the names in an attached document.

Trust Details

Section 10: Details of Trust Document

Pension schemes are established under trust. By completing the Participant Agreement you are joining the Irish Life EMPOWER Master Trust. This is a multi-employer trust approved by the Revenue Commissioners with Law Debenture Master Trust Trustees (Ireland) DAC as the appointed Trustee from 1 July 2022.

Registered Administrator

The Social Welfare and Pensions Act 2008 require that the Trustees of a scheme appoint a Registered Administrator, who is responsible for maintaining scheme records and preparing, within prescribed timeframes, Benefit Statements and scheme Trustee Annual Report. The Trustees have selected Irish Life Assurance plc as the Registered Administrator of the Irish Life EMPOWER Master Trust.

Online Access

Section 11: Online Access

Pension Planet Interactive

Pension Planet Interactive is the Irish Life Corporate Business secure online pension enquiry and processing system for Trustees, Brokers, Administrators and members.

Trustee consent to online access

The trustee has consented to the following online access:

- a. Full access for the Trustee to Pension Planet Interactive
- b. Limited access for the administrator in the Employers office (e.g. HR or Payroll department) to Pension Planet Interactive
- c. Full access for the appointed Agent to Pension Planet Interactive
- d. Full access for members to their own pension plan details through Pension Planet Interactive

Access for Trustees, Administrators and Agents is subject to the named person

- i. continuing in the relevant role
- ii. agreeing to abide by the terms and conditions for use of the services

Email contact details

In order for access to be granted electronically please provide the relevant email addresses. Please note that these email addresses must be unique and not a shared email account.

Administrator email

Agent email

If different to email address provided on page 2.

Communication Preference

Section 12: Electronic Communication Preference

The Pensions Authority has recently confirmed that Trustees of pension schemes are permitted to provide information to members or beneficiaries using electronic methods, subject to the member's consent. In the future, and in line with Irish Life's key environmental and sustainability goals, we therefore intend to move from paper-based communications to digital communications as we believe this will provide a better outcome for both your people, and the planet.

The Trustee is ultimately responsible for deciding the communication approach that will apply to each plan within the Irish Life Empower Master Trust and, subject to Trustee consent, all members of the plan will benefit automatically from this change once introduced. Should an individual member wish to continue to receive paper-based communications, they will have the option to opt out of digital communications.

If you feel that based on the specific profile and experience of your plan membership, digital communications are not appropriate and all your employees would prefer to continue with a paper-based approach, please indicate this by ticking the box below. Digital communications may allow for enhancements to the communication process which may not be available to those receiving paper-based communications.

Please tick if you would prefer to continue with paper based correspondence.

Signatures

Section 13: Employer Declaration

We declare that the answers to the above questions regarding

- > Company Details (Section 1)
- > Scheme Rules (Section 5)
- > Risk Benefits (Section 6-9)
- > Contribution and Investment Details (Section 3+4)
- > Pension Planet Interactive and online access (Section 11)

Have been provided honestly and with reasonable care and the contract with Irish Life Assurance plc. shall be set up based on the Participant Agreement.

We declare that we have applied to be a participant in the Irish Life EMPOWER Master Trust, as indicated above and that we have selected specific conditions to apply as indicated above and in the Employee details submitted. We understand that the Irish Life EMPOWER Master Trust is a Revenue approved multi-employer scheme under the Taxes Consolidations Act 1997. We also understand that the premium may increase in the future.

We confirm we have been informed about the Irish Life Data Privacy Notice and the Trustee's Data Privacy Notice and where to find them.

Duly authorised to sign for and on behalf of the employer.

Employer Signature

Date

Status (e.g. Director/Secretary)

SEPA Direct Debit Mandate

Unique Mandate Reference

To be completed by the creditor - Irish Life Assurance plc

Creditor Identifier

By signing this mandate form, you authorise:

- A. Irish Life Assurance plc to send instructions to your bank to debit your account.
And
- B. Your bank to debit your account in accordance with the instruction from Irish Life Assurance plc.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Under SEPA Regulations, before the first collection of the direct debit, unless otherwise agreed between the Creditor and Debtor, we must give 14 days notice.

Please complete ALL the fields below, if any item is blank or illegible this will cause a delay in processing your mandate.

This section
must be
completed

Your Name

Your Address

City/Postcode

Country

Bank Account Number (IBAN)

- - - - -

Swift Bic

- -

Credit Name

Creditor Address

Please tick one
box only

Type of Payment Recurrent or One-off payment

Please sign
and date

Signature(s)

Date

Date

Date

When you have signed this form please return it to:

Irish Life Assurance plc, Corporate Business, Lower Abbey Street, Dublin 1.

The above direct debit mandate relates to:

Pension Scheme Name

Pension Scheme Number

Date to start from

Please tick one
box only

And, following the first payment Every Month or Every Year

Other Relevant Information