

## Smart Funds - Application

- Please complete in **BLOCK CAPITALS** and tick [✓] where appropriate

Advisor's Name: \_\_\_\_\_

Agency No.: \_\_\_\_\_

 Online Application Number: 

### 1. Person(s) to be covered

#### First person to be covered

Title: Mr ☐ Mrs ☐ Ms ☐ Other   
 Surname:   
 First Name:   
 Sex: ☐ Male ☐ Female  
 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"/>

  
 Marital Status:   
 Address:   
  
  
 Telephone number:   
 E-mail:

#### Second person to be covered

Mr ☐ Mrs ☐ Ms ☐ Other   
  
  
☐ Male ☐ Female  

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"/>

#### Only complete the following if the person(s) to be covered are also the policy owner(s)

Country of birth:   
 Country of citizenship:   
 Length of residency in Ireland: ☐ More than 5 years ☐ 2-5 years  
☐ 1-2 years ☐ Less than 1 year  
☐ Not resident  
 If Not Resident, please state Country of Residence:   
 Occupation:   
 Employment Status: ☐ Employee ☐ Self-employed  
☐ Retired ☐ Home maker  
☐ Unemployed ☐ Student  
 If student please state University/College:

☐ More than 5 years ☐ 2-5 years  
☐ 1-2 years ☐ Less than 1 year  
☐ Not resident  
  
  
☐ Employee ☐ Self-employed  
☐ Retired ☐ Home maker  
☐ Unemployed ☐ Student

## 2. Policy Owner(s) (Only complete if different from the Person(s) to be covered)

### Owner type - individual(s)

Title: Mr ☐ Mrs ☐ Ms ☐ Other

Surname:

First Name:

Sex: ☐ Male ☐ Female

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"/>

Marital Status:

Address:

Telephone number:

E-mail:

Country of birth:

Country of citizenship:

Length of residency ☐ More than 5 years ☐ 2-5 years

in Ireland: ☐ 1-2 years ☐ Less than 1 year

☐ Not resident

If Not Resident,  
please state Country  
of Residence:

Occupation:

Employment Status: ☐ Employee ☐ Self-employed

☐ Retired ☐ Home maker

☐ Unemployed ☐ Student

If student please state  
University/College:

Mr ☐ Mrs ☐ Ms ☐ Other

☐ Male ☐ Female

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"/>

☐ More than 5 years ☐ 2-5 years

☐ 1-2 years ☐ Less than 1 year

☐ Not resident

☐ Employee ☐ Self-employed

☐ Retired ☐ Home maker

☐ Unemployed ☐ Student

By providing contact details you are consenting to New Ireland or a duly authorised agent of New Ireland phoning or emailing you if it considers it necessary to obtain information relating to your application.

## 2. Policy Owner(s) (continued)

### Owner type - company

Company Name:

Telephone number:  E-mail:

For the attention of:

Address:

Company Registration No.:  Nature of Business:

Does the company trade or transact with any countries outside of the European Union, Australia, Canada, New Zealand, Norway, Switzerland or the United States of America? Yes ☐ No ☐

By providing contact details you are consenting to New Ireland or a duly authorised agent of New Ireland phoning or emailing you if it considers it necessary to obtain information relating to your application.

Name of authorised signatory:

Signatory's job title:

Second authorised signatory:

Second signatory's job title:

Where details of two authorised signatories have been provided, New Ireland will act upon instructions from either

## 3. Personal Public Service Number (PPSN)

This section must be completed by the proposed Policy Owner/s.

### First Policy Owner

PPSN:  –

### Second Policy Owner (if applicable)

PPSN:  –

### Please Note

- where the Proposer is a Company the Tax Reference Number of the Company should be inserted above

or

- where the Proposer is a Charity the Revenue Reference Number (CHY Number) assigned to it should be inserted:

CHY

Acceptable evidence verifying the Proposer's PPSN (Tax/Revenue Reference Number) should also be enclosed with the application form. A photocopy of the relevant document is acceptable PROVIDED THAT the advisor has seen and verified the details from the original document. This should be indicated on the photocopy by the advisor signing and dating the photocopy which also must be of clear acceptable quality. For a list of documents that are acceptable for verification purposes please contact New Ireland Assurance.

## 4. Common Reporting Standard (CRS)

This section must be completed by the proposed Policy Owner/s in order to comply with CRS Regulations.

### First Policy Owner

Are you a resident of any country or territory other than Ireland for tax purposes?

Yes ☐ No ☐

### Second Policy Owner (if applicable)

Are you a resident of any country or territory other than Ireland for tax purposes?

Yes ☐ No ☐

If Yes, please list below all countries/territories in which you are tax resident, and provide your Tax Identification Number (TIN) for each country/territory.

### First Policy Owner

Country/Territory	Tax Identification Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Second Policy Owner

Country/Territory	Tax Identification Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 5. Foreign Account Tax Compliance Act (FATCA)

Where applicable, this section must be completed by the proposed Policy Owner/s in order to comply with FATCA Regulations.

### First Policy Owner

☐ Please tick this box if you are either a US Citizen or are US Resident for Tax purposes

### Second Policy Owner (if applicable)

☐ Please tick this box if you are either a US Citizen or are US Resident for Tax purposes

Please provide either your U.S. Social Security Number (SSN) or Tax Identification Number (TIN) if you are a US Citizen or US Tax Resident

–  –

–  –

## 6. Investment Details

Amount to be invested

€

## 7. Fund Choice (you can select a maximum of 10 funds per policy)

### Risk Rating Scale



Very Low Risk ① ○ ○ ○ ○ ○ ○ ○		
DA	Cash	%

Low to Medium Risk ○ ○ ③ ○ ○ ○ ○ ○		
AD22	BNY Mellon <i>Absolute Return Bond</i> Fund**	%
AN91	Elements†	%
AE63	Goodbody Dividend Income Fund 3††	%
AE16	iFunds 3††	%
AD36	Indexed Euro Corporate Bond Fund	%
AE70	PRIME 3	%

Medium Risk ○ ○ ○ ④ ○ ○ ○ ○		
AB47	BNY Mellon <i>Global Real Return</i> Fund**	%
AE14	Elements Alpha*	%
BA	Gilt Fund	%
AE67	Goodbody Dividend Income Fund 4*	%
AE23	iFunds 4*	%
RA	Income & Growth Fund	%
AD29	Insight Broad Opportunities Fund**	%
AFA1	Merrion Absolute Return Fund**	%
AE87	PRIME 4	%

Medium to High Risk ○ ○ ○ ○ ⑤ ○ ○ ○		
TA	Balanced Managed Fund	%
AB83	Davy Defensive High Yield Fund*	%
AA	Ethical Managed Fund	%
SA	Evergreen Fund	%
AE30	iFunds 5*	%
AE94	PRIME 5	%
AG	Trilogy II*	%

High Risk ○ ○ ○ ○ ○ ○ ⑥ ○		
AE9	Alternative Energy Fund*	%
AE59	Asia Pacific Equity Fund	%
AN73	Davy High Yield Fund*	%
AN27	Discovery Fund*	%
FA	Ethical Equity Fund	%
EA	Euroland Equity Fund	%
LA	European Equity Fund	%
XA	Eurozone Equity Indexed Fund	%
AD04	Global Emerging Markets Fund	%
KA	Global Equity Fund	%
AE71	Goodbody Dividend Income Fund 6*	%
AE79	Goodbody Global Smaller Companies Fund*	%
AE75	Goodbody Global Leaders Fund*	%
AE37	iFunds Equities†††	%
IV9	Innovator*	%
OA	Japanese Equity Indexed Fund	%
NA	North American Equity Fund	%
YA	North American Equity Indexed Fund	%
AF02	PRIME Equities	%
CA	Property Fund	%
SS1	Spotlight*	%
QA	Technology Indexed Fund	%
MA	UK Equity Indexed Fund	%
WA9	Water Fund*	%
AC84	World Index Fund (Hedged)	%
AC92	World Index Fund (Unhedged)	%

Very High Risk ○ ○ ○ ○ ○ ○ ⑦ ○		
AN39	Davy Geared High Yield*	%
UA	Irish Equity Fund	%

Other		
		%
		%
		%

- \* The management charge on this fund is 0.25% p.a. above standard.  
 \*\* The management charge on this fund is 0.35% p.a. above standard.  
 † The management charge on this fund is 0.10% p.a. above standard.  
 †† The management charge on this fund is 0.20% p.a. above standard.  
 ††† The management charge on this fund is 0.30% p.a. above standard.

## 8. Regular Income

Complete this section **ONLY** if you wish to receive a regular income on your Smart Fund Policy.

Annual Amount of Regular Income

% of Policy Value **OR** €  per annum  
(maximum 6% of policy value) (maximum 6% of amount invested)

Frequency of income: ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly  01/  First Payment Date

If income is to be paid direct into a Bank Account, please state

Name of bank:

Address:

Account Holder Name(s):

Account Number (IBAN):

Swift BIC:   
(your bank will be able to confirm these details if necessary)

## 9. Payment Method

This section must be completed if payment is **NOT** a cheque or Direct Debit drawn on the account of the policy owners(s):

Please state the payment method:

☐ A. Bank Draft:

☐ B. Cheque / Credit Transfer from Broker Client Account:

☐ C. Reinvestment of New Ireland Matured Investment:  Policy No.:

☐ D. Other – Please specify:

If A or B or D above apply, please provide the following additional information detailing the ultimate source of the payment, e.g. details of account from which a draft or payment to Broker Client Account was funded:

Account Holder Name(s):

Account Number (IBAN):

Swift BIC:   
(your bank will be able to confirm these details if necessary)

## 10. Confirmation of Source of Funds and Source of Wealth

To comply with the requirements of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended, the Company is required to establish the source of funds in respect of the amount you are saving/investing and your overall source of wealth. Please complete **BOTH** sections **A** and **B** below:

### Section A: Source of Funds Part 1

In respect of the source of the funds being invested in this policy, were any of these funds received from outside of the European Union, Australia, Canada, New Zealand, Norway, Switzerland or the United States of America?

Yes ☐ No ☐

### Section A: Source of Funds Part 2

Please select the principal method by which the funds to pay for this savings or investment policy have been accumulated (please select one option only):

Salary/Wages	<input type="checkbox"/>	Dividend/Investment Income	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
Matured Investment	<input type="checkbox"/>	Proceeds from disposal of assets	<input type="checkbox"/>	Lottery Winnings	<input type="checkbox"/>	Insurance Payment	<input type="checkbox"/>
Retirement Lump-Sum	<input type="checkbox"/>	Pension Income	<input type="checkbox"/>	Social Welfare	<input type="checkbox"/>	Gift*	<input type="checkbox"/>
Redundancy Payment	<input type="checkbox"/>	Court Award/Litigation Settlement	<input type="checkbox"/>	Divorce Settlement	<input type="checkbox"/>	Grant payment	<input type="checkbox"/>
Gambling Proceeds	<input type="checkbox"/>	Other (please specify)	<input type="text"/>				

\*If Gift, please provide further information

### Section B: Source of Wealth

Please select the principal method by which your net worth has been accumulated (please select one option only):

Salary/Wages	<input type="checkbox"/>	Dividend/Investment Income	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
Matured Investment	<input type="checkbox"/>	Proceeds from disposal of assets	<input type="checkbox"/>	Lottery Winnings	<input type="checkbox"/>	Insurance Payment	<input type="checkbox"/>
Retirement Lump-Sum	<input type="checkbox"/>	Pension Income	<input type="checkbox"/>	Social Welfare	<input type="checkbox"/>	Gift*	<input type="checkbox"/>
Redundancy Payment	<input type="checkbox"/>	Court Award/Litigation Settlement	<input type="checkbox"/>	Divorce Settlement	<input type="checkbox"/>	Grant payment	<input type="checkbox"/>
Gambling Proceeds	<input type="checkbox"/>	Other (please specify)	<input type="text"/>				

\*If Gift, please provide further information

## 11. Declaration of receipt of disclosure information and policy replacement in respect of each policy proposed

Please ensure you complete this section before signing this application 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) have 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.

SIGN  
HERE

Insurer/Intermediary Signature:

Date

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"/>

**Declaration of Policy Owner(s)** I confirm that I have received in writing the information specified in the above declaration.

SIGN  
HERE

First Policy Owner Signature:

Date

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"/>

SIGN  
HERE

Second Policy Owner Signature:

Date

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"/>

## 12. Declarations/Data Protection Consent

I have read and understand the replies to all the questions in this application (irrespective of whether the application is being made online or otherwise) and declare that all statements made by me or written at my request are true and complete and shall be the basis of the proposed contract.

I understand that there is no contract until such time as New Ireland have accepted my application and issued my policy even if I have made a payment.

The "Data Controller" for the purposes of the Data Protection Acts 1988-2003 is New Ireland Assurance Company plc (New Ireland). The personal data being collected on this form is for the purposes of processing your application and may be disclosed in accordance with and to other parties as identified and consented to in the paragraphs below.

"EEA" means the European Economic Area and consists of the 28 EU Member States as well as Norway, Iceland and Liechtenstein.

"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.

I understand and consent that New Ireland and its duly authorised agents may:

- contact me by phone or by letter in relation to the administration (including any contractual review) of the contract;
- hold and use the 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;
- disclose and/or transfer my Information to other countries, including countries outside of the EEA, for any of the purposes specified, to persons who have been approved by New Ireland and in a manner compliant with applicable data protection legislation;
- use my Information to carry out statistical analysis and market research.

I agree that New Ireland or a duly authorised agent of New Ireland may contact me in person, by phone, letter, e-mail or other electronic means if it considers that my financial planning arrangements need to be reviewed, my level of cover needs to be revised, and/or to provide me with general information relating to the contract by e-mail or other electronic means with New Ireland at any time.

Yes ☐ No ☐



I agree that the Information may be held and used by New Ireland for Marketing purposes, including Marketing by e-mail or other electronic means.

Yes ☐ No ☐



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

### Person(s) to be covered

	First Person Signature:	<input type="text"/>	Date	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td>M</td><td>M</td></tr><tr><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D											
M	M											
Y	Y											
Y	Y											
	Second Person Signature:	<input type="text"/>	Date	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td>M</td><td>M</td></tr><tr><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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### Policy Owner Signature(s) (if different from Person(s) to be covered)

	First Policy Owner Signature:	<input type="text"/>	Date	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td>M</td><td>M</td></tr><tr><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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	Second Policy Owner Signature:	<input type="text"/>	Date	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td>M</td><td>M</td></tr><tr><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D											
M	M											
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Y	Y											



### 13. To be completed by the Insurance Intermediary

Name:	<input type="text"/>	Broker Consultant's Name:	<input type="text"/>
Agency No.:	<input type="text"/>	Broker Consultant's No.:	<input type="text"/>
Branch No.:	<input type="text"/>	Advisor E-mail:	<input type="text"/>

If no instruction is given, standard commission will be assumed.

Special Instructions:

Date Received in Branch:	<table><tr><td>D</td><td>D</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	<input type="text"/>	<input type="text"/>	<table><tr><td>M</td><td>M</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	<input type="text"/>	<input type="text"/>	<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Money Laundering Check:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D	D																					
<input type="text"/>	<input type="text"/>																					
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D	D																					
<input type="text"/>	<input type="text"/>																					
M	M																					
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Y	Y	Y	Y																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
Application Checked:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Factfind:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>															
Section 30 Receipt:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Contact Referral Form:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>															
				Reason Why Letter:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>															







**New Ireland Assurance Company plc.,**

11-12 Dawson Street, Dublin 2.

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E: [info@newireland.ie](mailto:info@newireland.ie) W: [www.newireland.ie](http://www.newireland.ie)

New Ireland Assurance Company plc is regulated by the Central Bank of Ireland. Member of Bank of Ireland Group.

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