

Investment Top-Up Form – Regular and Single Premiums

 Advisor's Name:

 Agency No:

1. Policy Owner(s)

Policy Number	<input type="text"/>	
	First Policy Owner	Second Policy Owner
Name:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

2. Regular Premium Increase (if applicable)

 New regular premium: €

Please note that the following will apply unless otherwise specified:

- Existing premium frequency will remain the same
- Increases will be effective from the next premium due date
- Regular premiums will automatically be invested in your current fund choice

3. Single Premium Top-Up (if applicable)

 Top-up amount: €

The top-up will be applied on the next day that unit prices are calculated after receipt of all requirements.

Fund Choice:

 1) Please invest my top-up in my current investment fund choice ☐

Or

2) Please invest my top-up in the following funds:

Fund Name	Percentage
1	%
2	%
3	%
4	%
5	%
6	%
7	%
8	%
9	%
10	%

Please complete for both regular premium increases and single premium top-ups

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:

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:

☐ 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)

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			<input type="text"/>				

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		<input type="text"/>					

5. Proof of Identity and Address

In order to process a single premium top up or regular premium increase, we will need a clear copy of the following:

- Proof of identity (e.g., a valid passport or Irish driving license)
- Proof of address (e.g., a utility bill issued within the last 6 months)

Please tick to confirm both have been enclosed when submitting this form:

Proof of identity ☐

Proof of address ☐

6. Policy Owner Signature(s)

I / We declare that all of the information provided on this form is true and complete.

SIGN
HERE

First Policy Owner:

Date

D	D	M	M	Y	Y	Y	Y

SIGN
HERE

Second Policy Owner:

Date

D	D	M	M	Y	Y	Y	Y

7. To be completed by the insurance intermediary (if applicable)

Commission requested

%

Details on allocation rates and commission are available from our phone team, please call **1850 200 318** or email: **LifeNIA@newireland.ie** for further details. Calls may be recorded.



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