Investment Top-Up Form – Regular and Single Premiums

1. Policy Owner(s)

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>First Policy Owner</th>
<th>Second Policy Owner</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Name:</td>
<td></td>
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<tr>
<td></td>
<td>Date of Birth:</td>
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<td>Address:</td>
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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:

<table>
<thead>
<tr>
<th>Fund Name</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1</td>
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<td>9</td>
<td>%</td>
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<tr>
<td>10</td>
<td>%</td>
</tr>
</tbody>
</table>

**Total (must add up to 100%)** 100%
4. Confirmation of Source of Funds and Source of Wealth

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: 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)

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 ☐ Dividend/Investment Income ☐ Rental Income ☐ Inheritance ☐

Matured Investment ☐ Proceeds from disposal of assets ☐ Lottery Winnings ☐ Insurance Payment ☐

Retirement Lump-Sum ☐ Pension Income ☐ Social Welfare ☐ Gift* ☐

Redundancy Payment ☐ Court Award/Litigation Settlement ☐ Divorce Settlement ☐ Grant payment ☐

Gambling Proceeds ☐ Other (please specify) ☐

*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 ☐ Dividend/Investment Income ☐ Rental Income ☐ Inheritance ☐

Matured Investment ☐ Proceeds from disposal of assets ☐ Lottery Winnings ☐ Insurance Payment ☐

Retirement Lump-Sum ☐ Pension Income ☐ Social Welfare ☐ Gift* ☐

Redundancy Payment ☐ Court Award/Litigation Settlement ☐ Divorce Settlement ☐ Grant payment ☐

Gambling Proceeds ☐ Other (please specify) ☐

*If Gift, please provide further information
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 DD MM YYYY

SIGN HERE

Second Policy Owner: ___________________________ Date DD MM YYYY

While not required for completing this transaction, it is recommended that policy owner(s) should seek appropriate financial advice before making alterations to the policy. If advice has not been sought the policy owner(s) may not benefit from protection under relevant conduct of business rules.

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 for service, training, verification and analysis purposes.