



QUINN-life Company / Executive Pension Application Form

Employer's Details

Name		Status (Ltd, Sole trader ,Partnership)	
Address		Company Registration No. Employers Tax No. Daytime Tel No. Fax No.	
Nature of Business		Email Address	

Employee's Details

Name		Date of entry to Pension Plan	___/___/___
Address		Date Employment commenced	___/___/___
Date of Birth	___/___/___	Normal Retirement Age	
Gender		Proprietary Director: (owns or controls more than 20% of the voting rights in the employer company)	Please Circle: Yes / No
Occupation			
Marital Status		Basic Annual Salary	€
PPS /RSI No.		Retained Benefits**	€
Daytime Tel No.			
Evening Tel No.			
Email Address*			

* Required for on-line access

** Retained benefits from a previous Personal pension, PRSA or Occupational pension

-----REQUIRED FOR PENSION BOARD AND REVENUE APPROVAL-----

Plan Detail

Employer's contribution		Employee Contribution		Employee's AVC contribution	
Euros (€)	or % salary	Euros (€)	or % salary	Euros (€)	or % salary

Pension Fund Details

Fund Details				
Euro Freeway		%	Biotech Freeway	%
Celtic Freeway		%	China Freeway	%
Bond Freeway		%	Japan Freeway	%
Cash Freeway		%	Latin America Freeway	%
UK Freeway		%	Emerging Markets Freeway	%
US Freeway		%	Clean Energy Freeway	%
Technology Freeway		%		



Immediate Vested Rights: Yes _____ No _____

Data Protection Act

It is a condition of your policy that you agree to us using your personal data in the way set out in the policy document. Quinn-life holds your details in accordance with the Data Protection Acts 1988 and 2003.

All personal information supplied by you will be treated in confidence and will not be disclosed to any third parties except where your consent has been received or where permitted by law. The information you provide will be used to manage the administration of your policy, including underwriting and claims. We may undertake checks against publicly available information such as electoral roll, telephone directory, court judgments, bankruptcy or repossession and other insurance industry databases. Information may also be shared with other insurers either directly or via those acting for the insurer such as Loss Adjusters or Investigators. In addition, we are required to provide information to the Revenue Commissioners and Pensions Board for registration of certain types of pension arrangements.

Quinn-life would like to keep you informed by post, email, telephone or text message of selected products and services available from us. *If you do not wish us to do this please tick the box.*

Unless you have advised us otherwise, we may share personal data that you provide with Quinn Insurance and the other Quinn Group companies so we may contact you by mail, in order to tell you about carefully selected products, services or offers that we believe will be of interest to you. *If you do not wish us to do this please tick the box.*

Agents Declaration

I confirm that I have not given any advice to the client named on this form in relation to the Quinn-life application form.

Signature _____ Date: _____

Print Name _____

Employee's Declaration

I hereby apply to join the plan, agree to be bound by the rules, and authorise the deduction from my salary of any contribution to be made by me in accordance with those rules. I have read over the replies to all the questions in this application and declare that, to the best of my knowledge and belief, all information given is true and includes all material facts. I consent to Quinn-life direct Limited seeking information and benefit details from the administrator/trustees (and/or relevant insurance office) of any scheme, arrangement of which I am or have been a member and I authorise the giving of such information and details. I understand that the contract or contracts will commence on the acceptance of this application form by Quinn-life direct Limited on its normal terms and conditions unless I have given instructions to the contrary.

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts that might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material, you should disclose it. Failure to disclose such a fact or failure to amend an incorrect fact as referred to above, could result in your policy being invalidated. The company reserves the right to decline any proposal.

Signature of Employee: _____ **Date:** _____



Declaration by Employee

I confirm the following:

- That I have not been given any advice in relation to the complete Quinn-life application form for the product; and
- I am aware that unit prices can go up as well as down; and
- I wish to proceed with the purchase of the product without taking advice; and
- I have read and accept the terms and conditions that apply to the policy.

Signature of Employee ✕ _____

Date: _____

Employer's Declaration

The employer requests Quinn-life direct Limited to issue a policy subject to the conditions prescribed by Quinn-life direct Limited which are to be set out therein for the provision of benefits corresponding to those provided in the above mentioned plan for the member there of. The employer agrees to pay or procure payment of all premiums as set out in the policy. The employer declares that to the best of its knowledge and belief the statements made in the above application are true and complete and that this declaration and the information to be given as to the relevant particulars of the member involved and any subsequent declarations shall be the basis of the policy to be effected with Quinn-life direct Limited.

Signed for and on behalf of the Employer: ✕ _____

Position: _____

Date: _____



LETTER OF EXCHANGE

Dear Employee

_____ (the Employer) has decided to offer you the advantage of a Quinn-Life Retirement Benefits Plan.

The plan will take effect from _____ (commencement date) and is governed by this letter and the Rules of the Plan, a copy of which you will receive.

The benefits under the Plan will be secured by a Policy or Policies issued by Quinn Life-Direct Ltd in accordance with the declarations made in the application form to which this Letter is attached and any additional declarations made to Quinn Life-Direct Ltd, for the purpose of the plan.

The Policy or Policies issued by Quinn Life-Direct Ltd will be held by the Employer as Trustee(s) of the Plan for payment of the benefits in accordance with the Rules. The premiums payable towards the provision of the benefits under the Plan will be contributions made by you and the Employer in accordance with the declarations(s), subject always to the Rules.

The Employer establishes the Plan under irrevocable trusts to be administered in accordance with the Rules. This retirement benefits scheme is capable of being treated by the Revenue Commissioners as an exempt approved scheme in accordance with Chapter 1 or Part 30 of the Taxes Consolidation Act 1997 to provide you with the relevant benefits as defined therein.

The Plan is an occupational pension scheme and a defined contribution scheme within the meaning of the Pensions Act 1990 and this letter and the Rules shall be constructed subject to the provisions of the said Act.

The appropriate Stamp Duty has been or will be paid to the Revenue Commissioners under the Statutes for the time being in force.

Please acknowledge receipt of this letter by signing and returning it to the Employer.

× _____
SIGNATURE OF THE EMPLOYER

STATUS (BLOCK CAPITALS)

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PRINTED NAME OF EMPLOYER (IN BLOCK CAPITALS)

I agree to the Terms and Conditions of this Letter and the attached Rules.

× _____
SIGNATURE OF MEMBER

DATE



QUINN-life Direct Ltd - TERMS OF BUSINESS

The terms of business document sets out the basis on which Quinn-life Direct Ltd will provide services to its customers. All communications between Quinn-life and you will be in English.

Head Office Contact Details:

Quinn-life Direct Ltd	Callsave:	1850-77-1851
Dublin Rd	Fax:	049-4360234
Cavan	E-mail:	info@quinn-life.com
Ireland	Website:	www.quinn-life.com

Quinn-life Direct Ltd is a subsidiary of Quinn Financial Services Holdings Ltd.

Quinn-life Direct Ltd is regulated by the Financial Regulator and is authorised to transact life assurance business. The company is a provider of savings, investment, pension and life products direct to the customer. Business is conducted on an 'Execution Only' basis. An 'Execution Only' transaction is where we will act purely on your instructions. No advice or opinion will be given.

Please note past performance is not an indicator of future performance. Depending on economic conditions, prices may fall as well as rise.

Quotes are valid for 30 days from date of issue.

CHARGING STRUCTURE

There is an annual administration charge on our funds as follows;

Fund Name	Administration Charge	
	Year 1 – 15	Year 16 onwards
Euro Freeway	1%	0.5%
Celtic Freeway	1%	0.5%
Cash Freeway	1%	0.5%
Bond Freeway	1%	0.5%
UK Freeway	1.2%	0.7%
US Freeway	1.2%	0.7%
Biotech Freeway	1.2%	0.7%
Technology Freeway	1.2%	0.7%
China Freeway	1.5%	1.0%
Japan Freeway	1.5%	1.0%
Latin America Freeway	1.5%	1.0%
Emerging Markets Freeway	1.5%	1.0%
Clean Energy Freeway	1.5%	1.0%

There is a transaction charge of €3.81 per month for regular premium Term Life policies. There is an annual Pensions Board charge of €8.80 on occupational pension scheme policies. The customer is allowed ten free switches per annum. There is a charge of €25 for each subsequent switch in the year.

**Warning: The value of your investment may go down as well as up.
This product may be affected by changes in currency exchange rates.**



COOLING-OFF PERIOD

We want you to be 100% satisfied with your decision to go ahead with your Freeway Investment plan. If you are not satisfied with your decision, you are entitled to cancel your policy by writing to us within 30 days from the date of receiving your policy schedule and returning your policy documents to us. We will then refund to you the premiums you have paid. If the value of your investment has fallen between the time you took out the policy and the time we receive your cancellation request, we may make a deduction from the amount payable to you.

CONFLICTS OF INTEREST

Quinn-life Direct Ltd wish to avoid instances of conflict of interest with its clients. If an unavoidable conflict of interest arises, we will write to you and outline the nature of the conflict before providing any business services to you.

CHOICE OF LAW

We can both choose the law which will apply to the contract. Unless we agree otherwise with you, Irish law will apply.

DEFAULT BY CLIENT

Failure to make premium payments in a timely manner may result in suspension or cancellation of your policy. In the event of default we will write to you advising that the amount is outstanding. If the amount remains unpaid, we will write again to request payment for two month's installments (the defaulted one and the one now due). If you default again, for unit-linked policies we will suspend the policy and sell any units not paid for on the 45th day after the first default and for level term life policies we will cancel the policy on the 45th day from first default.

COMPLAINTS PROCEDURE

We will do our best to resolve any complaints you have. We would recommend you register your complaint in writing to:

Customer Care Department
Quinn-life Direct Ltd
Dublin Rd
Cavan

We will acknowledge your complaint within two working days. The complaint will be fully investigated and we will respond to your complaint within a five working days from receipt.

If you are not satisfied with the way we handle your complaint, you can refer your complaint to the Financial Services Ombudsman's Bureau. Where your complaint relates to a financial loss because of failure in administration of an occupational pension scheme then you can refer your complaint to the Pensions Ombudsman. This does not affect your right to take legal action against us. You can get more information from:

Financial Services Ombudsman's Bureau
3rd Floor, Lincoln House
Lincoln Place, Dublin 2
Ph: 01 6620899

Office of the Pensions Ombudsman
36 Upper Mount Street
Dublin 2
Ph: 01 6471650

ADDITIONAL CONTACTS

The Financial Regulator
P.O Box 9138
College Green, Dublin
Ph: 01 410 4000

The Irish Insurance Federation
39 Molesworth St
Dublin 2
Ph: 01 676 191



Data Protection Statement

We will keep all the personal information you give us confidential and will not pass it to any third party unless you give us your permission or the law allows us to provide the information. We will hold your information in the systems of Quinn Life, our agents or subcontractors so we and they can provide suitable products and services to you.

We will record all incoming and outgoing telephone conversations for training, quality and fact verification purposes.

We will use the information you provide to manage your insurance, including handling claims and for money laundering prevention purposes. We may check the information against other information available to the public (such as on the electoral roll and court judgements). We may also share information with other insurers, either directly or through people acting for the insurer (such as loss adjusters or investigators), Revenue and the Pensions Board for certain pension arrangements and, where we are entitled to do so under the Data Protection Act, the Garda Síochána and other law-enforcement agencies. To set premiums, we will ask a credit reference agency to check the electoral roll and public information. The agency will record their search but they will not affect your credit rating.

If an application for insurance is declined or is subject to special terms, this information may be shared via a central register administered by the Irish Insurance Federation, with other insurance companies.

We may need to collect sensitive information (such as information about health or criminal convictions) about you and others named on the insurance policy. By going ahead with this insurance you will be agreeing to us or our agents or other insurers processing that information. Before you provide sensitive information about others, you should make sure they agree.

We may pass information about you and your claims history to:

- our agents and service providers;
- other insurers and their agents;
- any agent acting for you; and
- recognised trade, governing and regulatory organisations we are a member of or which we are governed by

We may give information about you to anyone we transfer our rights and duties to under this policy.

We would like to keep you informed by post, email, telephone or text message of selected products and services available from us. If you would prefer not to receive this information, please let us know when you contact us.

Quinn Group would like to keep you informed by post about products and services they provide. We may use your information for this purpose after this insurance has ended. If you would prefer not to receive this information, please let us know when you contact us.

We may contact you with a reminder that your insurance is due to be renewed. We can only take instructions to change a policy in some way from you, the policyholder.

You have the right to ask for a copy of the information we hold about you (for which we may charge a small fee) and to correct any inaccurate information.

We may pass information to the Insurance Link database, run by the Irish Insurance Federation. The aim is to help us check information and to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not lead to a claim. When you tell us about an incident, we will pass information about it to the registers.



Originators Reference : 302265
Policy ID :

Direct Debiting Instruction

Quinn-life-Direct Limited
Dublin Road, Cavan,
Co. Cavan.

Originator's Reference

Name(s) of Account to be debited

Bank Account Number

Name of Bank

Bank Sort Code - -

Preferred Collection date / /

Please enter the full name and postal address of your Bank:

The Manager,

The Following are your instructions to the bank, and signature.

I instruct you to pay Direct Debits from my account at the request of Quinn-life direct Limited.

The amounts are variable and may be debited on various dates.

I understand that Quinn-life-Direct Limited may change the amounts and dates only after giving me prior notice.

I shall inform the Bank in writing if I wish to cancel this Instruction.

I understand that if any Direct Debit is paid which breaks the terms of the Instruction, the bank will make a refund.

Signature X _____ Date _____
(if joint account then both signatures are needed)

Signature X _____ Date _____

Banks may decline to accept instructions to pay Direct Debits from some types of accounts