

4 Declaration

I wish to apply for membership of the AHCPs Retired Members' Life Cover Plan. I confirm that I am a retired AHCPs member applying to join this Plan within four months after I have retired and that I was previously a member of the Group Life Plan for AHCPs members at the date of my retirement. I hereby acknowledge that I have received and understand the contents of the Cornmarket Terms of Business document.



Applicant's Signature:

Date: / /20

5 Data Protection Declaration

I hereby consent to the use and recording of my personal details (contained herein or provided subsequently) by Cornmarket and Irish Life. I understand that the details I have provided will be held on computer, and/or in printed form or otherwise by Cornmarket and Irish Life. I agree that this information may be used in the future to contact me (by mail/email/telephone) about Cornmarket services which may be of interest to me. I understand that the information provided by me will not be passed on to third parties for the purposes of direct marketing. I also understand that I may at any stage, at no cost, instruct Cornmarket in writing to no longer hold my data for the purpose of sending me such information and that I have a right of access to and the right to rectify the data concerning me held by Cornmarket.

If you do not wish to receive information about preferential Cornmarket deals available to Union members, please tick here.



Applicant's Signature:

Date: / /20

Distance marketing information

The AHCPs Retired Members' Life Cover Plan

Information about the Intermediary

Cornmarket Group Financial Services Ltd. (Cornmarket) main offices are located at Christchurch Square, Dublin 8. We are registered in the Companies Registration Office under Company No. 36496. Cornmarket is authorised by the Financial Regulator. We are regulated under the Financial Regulator codes of conduct which can be accessed at www.financialregulator.ie.

Information about the Underwriter

Irish Life's main offices are located at Irish Life Centre, Lower Abbey Street, Dublin 1. Irish Life is registered in the Company Registration Office under Company No. 152576 and is registered for Value Added Tax (VAT), Registration No. 9F55923G. Irish Life is regulated by the Financial Regulator. Irish Life's policies are governed by the laws of the Republic of Ireland and the Irish courts and law.

Complaints Procedure

Cornmarket is committed to providing a high level of service. It is our policy to ensure that all your concerns are dealt with fairly and promptly through our complaints handling procedure. Should you feel that you have not received a satisfactory level of service, please write in the first instance to Jane Horan, Quality Control Supervisor, Cornmarket Group Financial Services Ltd., Christchurch Square, Dublin 8.

If you are dissatisfied with the outcome of our efforts to resolve your complaint you may refer your complaint to: the Office of the Financial Services Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2 (or enquiries@financialombudsman.ie).

Governing Law and language

All our dealings with you and the contract will be governed by the laws of Ireland. All communications in respect of the policy set up will be in English.

Your right to cancel your membership of the Plan

You can cancel your membership of the Plan at any time by notifying Cornmarket or Irish Life in writing.



LIFE COVER PLAN

FOR RETIRED AHCPs MEMBERS

PRIORITY APPLICATION FORM

TO BE COMPLETED BY AHCPs MEMBERS WHO **WERE MEMBERS OF THE AHCPs GROUP LIFE PLAN** APPLYING FOR COVER WITHIN FOUR MONTHS OF RETIRING.



cornmarket
group financial services ltd

Christchurch Square,
Dublin 8.
Tel: (01) 408 4000
Fax: (01) 408 4011

6 Kings Terrace,
Lower Glanmire Road, Cork.
Tel: (021) 455 3335
Fax: (021) 450 2014

Galway Office
Tel: (091) 562 727

E-mail:
info@cornmarket.ie
Website:
www.cornmarket.ie

A member of
the Irish Life &
Permanent Group

PLEASE READ CAREFULLY BEFORE COMPLETING THE APPLICATION FORM OPPOSITE

Why the Plan makes sense

Whilst working, many AHCPs members have a significant level of Life Assurance Protection thanks to the cover provided by the:

- Superannuation Scheme
- AVC Scheme
- Individual Life Policies

In addition, most members of the AHCPs Group Life Plan enjoy Death Benefit equal to at least twice their annual salary. Much of this Life Assurance Protection ends upon retirement. The reality however, is that many members still require a reasonable level of Life Assurance Protection in retirement. To solve the problem, the AHCPs have launched the Retired Members' Life Cover Plan. This Plan is designed and administered by Cornmarket Group Financial Service Ltd. and underwritten by Irish Life Assurance plc.

What are the main benefits & how much does it cost?

All retired and retiring members of the AHCPs are eligible to apply to join the Plan. Once accepted into the Retired Members' Life Cover Plan it provides for the payment of a tax-free lump sum in the event of death after you retire. The level of cover provided and the contributions to be paid are set out below. Where it is possible to deduct premiums from the member's pension, the level of cover provided will be based on a multiple of the member's pension (including state pension if applicable) and the contribution rate will be 1% of the pension declared by the member at retirement. Where it is not possible to deduct contributions from the member's pension, premiums will be collected instead by Direct Debit from the member's bank account. In such cases, the level of cover provided will be based on the pension declared by the member at retirement and the contribution will be 1% of that declared pension.

The level of cover and contribution will be increased periodically to reflect increases in the level of pensions being paid to members generally.

Example

AGE OF RETIRED MEMBER	LEVEL OF DEATH BENEFIT	EXAMPLES OF BENEFIT	CONTRIBUTION PER MONTH* (at 1% of pension)
up to age 65	4 x pension	€140,000	€29.17
age 65 to 69	2 x pension	€70,000	€29.17
age 70 to 74	1 x pension	€35,000	€29.17
age 75 to 79	1/2 x pension	€17,500	€29.17

For this purpose, it will be assumed that the average annual starting pension at present for AHCPs members is €35,000.

* No Tax or PRSI Relief applies under the Retired Members' Life Cover Plan.

Plan details

- The cost of membership is 1% of pension per month
- The underlying group premium rate, on which the cost of cover is based, is guaranteed until 1st January 2011 and will be reviewed every two years thereafter
- Premiums and cover cease at age 80
- Premiums are paid conveniently by direct debit from your bank account or by Pension deduction (where available). Please see collection of premiums below for further details
- For members paying by Pension Deduction, the level of cover and hence contribution is linked to any increase in your pension
- For members paying by direct debit cover may be reviewed periodically.

Entry Conditions

This form should be used for applications to join the Plan only if all the following apply:

- You **were** a member of the AHCPs Group Life Plan at the date of your retirement
- and*
- You are applying to join the Plan within four months after you retired
- and*
- You are age 50 or over.

Please note: If you do not meet the conditions above please contact Cornmarket Group Financial Services Ltd. for the relevant application forms.

Confirmation of membership of the Plan

Your cover will commence when Irish Life accepts your application. You will receive a formal acceptance letter confirming that you have been included as a member of the Plan.

Collection of Premiums

Please fill in both the Pension deduction Mandate and Direct Debit Mandate in the application form opposite. If pension deduction facilities are not available from your employer, your premium will be collected via Direct Debit from your bank account. You will be formally notified by Cornmarket about your deductions before commencement of your policy. Cornmarket is working with all Public Sector employers and where Pension deduction facilities become available in the future, we will make every effort to convert your Direct Debit to a pension deduction as a matter of convenience to you. Again you will be notified in writing prior to any changes in your payment method.



RETIRED MEMBERS' LIFE COVER PLAN

PLEASE COMPLETE THE APPLICATION FORM AND THE PENSION DEDUCTION MANDATE AND THE DIRECT DEBIT MANDATE BELOW AND RETURN TO CORNMARKET GROUP FINANCIAL SERVICES LTD.

1 Personal Details

First Name: _____ Surname: _____ Date of Birth: / / 19

Home Address: _____

Tel: Home: _____ Mobile: _____

Email: _____

Marital Status: Married Separated Divorced Widowed Single Partnered

Total Pension at retirement* € _____ per annum *This should include Contributory State Pension, if applicable.

Date of Retirement: / / 20 Payroll/Pension No: _____

PRSI Class: D1 A1 If you paid A1 PRSI are you entitled to the State Pension at age 65? Yes No (Please refer to Pension Payslip)

2 Pension Deduction Mandate – must be signed

To: The Finance Officer: Pension Administrator _____

Please deduct until further notice the appropriate amount of my pension in respect of my contribution under the AHCPs Retired Members' Life Cover Plan and remit this amount to Cornmarket Group Financial Services Ltd. I recognise that these deductions are being made solely as a measure of convenience to me and that they may be terminated at any time. I also recognise that the ultimate responsibility for ensuring that the correct deductions have been made, and that deductions are cancelled when appropriate, rests with me and that beyond making remittances on foot of sums deducted as stated, my Pension Administrator accepts no responsibility of any kind in this matter.

Applicant's Signature: _____ Date: / / 20

Name (BLOCK CAPITALS): _____

Pension Administrator Name & Address: _____

Pension Payroll Number: _____ (Please refer to Pension Payslip)

3 Direct Debit Mandate – must be signed

Direct Debits can only be charged on certain account types (not Demand Savings or Deposit Accounts). Please ensure your account permits the facility of Direct Debit.



To: The Manager: I/We authorise you until further notice in writing to charge my/our account on or immediately after the 6th of every month unspecified amounts at the instance of Cornmarket Group Financial Services Ltd. by direct debit. Originator's Ref: 993020

Name of Bank: _____ Bank Ltd.

Address (BLOCK CAPITALS): _____

Name of Account to be debited (BLOCK CAPITALS): _____

Bank Account No: _____ Bank Sort Code: _____

Account Holder's Signature: _____ Date: / / 20

Second Signature*: _____ Date: / / 20

* Required when bank account is held in two names.

PLEASE SEE BACK PAGE FOR DECLARATIONS THAT MUST BE SIGNED.

Please cut along the dotted line.