

Online Declaration Form - Broker

Life Choice

Application Number:

Please tick (✓) one box only. Life Choice - Home Life Choice - You and Family Life Choice - Assets

Note: If you wish to apply for two or more policies a separate Declaration Form **must** be used for each product.

1. Personal Details

First Person to be covered

Second Person to be covered

First Name:

Surname:

Address:

Home phone number:

Work phone number:

Mobile phone number:

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

Consent to seek information from other insurers: Yes No Yes No

Information means medical and other relevant details given to an insurer by you or any doctor in connection with a life insurance application on your life.

2. Policy Owner(s) (Only complete if different from the person(s) to be covered set out above)

Owner type - individual(s)

First Policy Owner

Second Policy Owner

First Name:

Surname:

Address:

Telephone:

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

Owner type - company

Company Name:

Telephone number:

Address:

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

3. To be completed by Insurance Intermediary

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

4. Premium Change

Do you have a valid reason for manually entering a premium?

Yes No

If "Yes", please specify:

Reason for Change:

Revised Standard Premium: € (Including 1% government levy)

5. Special Instructions for Policy Issue

Please include any special instructions for this application in this box:

Underwriting instructions should not be written into this box, the instructions will not be used for underwriting purposes.

If you wish to have the original documents sent to a third party e.g. solicitor, lending/financial institution, please enter the details here:

For the attention of:

Address:

Loan reference (if applicable):

6. Important Information

Before signing this form please read carefully the following notes and the declarations in the Declaration/Data protection consent section. If you do not understand the following information please ask your Financial Advisor for clarification.

A Government Levy (currently 1% of the premium) is payable on each premium paid.

You and your Financial Advisor have chosen to complete a Data Capture Form to capture the information necessary to complete an online application to New Ireland. The declarations in the Declaration/Data protection consent section of this form, the information recorded in your online application and the information provided in any teleinterview you complete, will constitute your application to New Ireland.

All the information provided by you in the Data Capture Form for later entry in your online application must be true and complete or payment of policy benefits may be affected. Within 10 days of this form being signed we will send you a printed record of all the information recorded in your online application. You will be asked to check all the information in that printed record and to inform New Ireland immediately, in writing, if any of the information is not true and complete. If you have not received the printed record within 10 days of the date this form is signed, please contact New Ireland immediately after that time.

If you have indicated on your application form that you are willing to do a recorded teleinterview, a nurse or an Underwriter may contact you by telephone to ask you for further information in relation to your application. Any such telephone calls will be recorded and will form part of the basis of the proposed contract.

Important Notes in relation to Material Facts

You are legally obliged to tell us all relevant information (material facts) in answering the application questions. Material facts are those which an Insurer would regard as likely to influence the assessment and acceptance of an application for insurance. If you are in doubt as to whether certain facts are material, such facts should be disclosed.

6. Important Information (continued)

Material Facts Exemption in Relation to Genetic Tests

You are not required to disclose any genetic tests you may have had and we will not have regard to any genetic tests which may come into our possession. You are however required to provide us with full details (other than genetic tests) in answer to all the health and lifestyle questions including full medical details about your family history.

The policy may be void (there is no cover under the policy):

- if you do not inform us of all material facts
- if any of the information you provide is not true and complete
- if you do not inform us of any changes in your medical and/or other information which occur before the policy commences.

It is your responsibility to ensure that the information provided is true and complete whether the information was completed by you or on your behalf.

All material facts in relation to the person to be covered must be provided by that person and not the policy owner or any other person to be covered.

If you proceed with this application, the resulting policy will be based on the information provided:

- in the Online Data Capture Form
- in any other form related to your application
- in any notice by you of changes required in advance of the policy commencing
- in any questionnaire completed by you or by a medical examiner and signed by you
- in any teleinterview you complete.

If you complete a teleinterview it will be recorded and you will be sent a transcript of the teleinterview. Please check it and keep it for your records. If any of the information in the transcript is inaccurate or incomplete you should notify us within ten working days of receiving the transcript.

You must give us details of your doctor. We may not necessarily contact your doctor(s) but even if we do, you must still disclose all material facts. We may ask you to have a medical examination with your own doctor, an independent doctor or nurse.

Any changes to the information provided in the application process or in any teleinterview you complete before the proposed policy commences must be notified in writing immediately to New Ireland.

You may submit answers to any medical questions direct to the Chief Medical Officer, New Ireland Assurance Company plc at 5/9 Frederick Street South, Dublin 2. Please indicate in your letter your name and the application number to which the information applies. All information will be treated in strictest confidence.

7. Declaration of receipt of disclosure information and policy replacement

Please complete this section before signing this proposal 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 proposed Policy Owner(s), have been provided with the information specified in Schedule 1 to those Regulations and that I have advised the proposed Policy Owner(s) 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

Declaration of Policy Owner(s).

I confirm that I have received in writing the information specified in the above declaration.

First Policy Owner

Second Policy Owner

**SIGN
HERE**

Signature:

Signature:

Date:

D	D	M	M	Y	Y	Y	Y

Date:

D	D	M	M	Y	Y	Y	Y

8. Declarations/Data protection consent (Please complete irrespective of policy selected.)

I declare that:

- I have read and understand the replies to all the questions in the Data Capture Form and declare that all statements therein, all the information recorded in my online application and any statements written at my request or in any questionnaire completed by me or by a medical examiner in connection with this application and signed by me are true and complete and shall be the basis of the proposed contract
- I have read and understand the notes in the Important Information section of this form and understand that if I fail to disclose all material facts in this application, in any questionnaire signed by me and in any teleinterview I complete, the contract with New Ireland could be void, New Ireland will retain all premiums paid and no benefits will be provided by the policy
- In this application I have disclosed all material facts.

I consent to you seeking:

- any medical information now or in the event of a claim from any doctor who has at any time attended me and I authorise them to give New Ireland such information. I agree that this authority will remain in place after my death
- any information from any life insurer to which a proposal has been made on my life and I authorise the giving of such information to New Ireland where I have answered yes to the "Consent to seek information from other insurers" question.

I agree that:

- if I have provided a telephone number, New Ireland or a duly authorised agent of New Ireland may contact me in person, by phone, if it considers it necessary to obtain further medical or other information relating to this application.

I confirm that:

- where one or more of the following: accelerated specified illness benefit, additional specified illness benefit, standalone specified illness benefit, surgery payment, accident payment, hospitalisation payment, broken bones payment has been selected that the restrictions, conditions and general exclusions that attach to the benefit(s) have been fully and clearly explained to me.

I understand that:

- the proposed contract will not come into force until New Ireland has accepted me for cover and issued a policy document and the first premium payment has been made
- if I do not pay the first premium, the contract will not be valid even if I receive a policy document
- New Ireland reserves the right to test declared non smokers for cotinine
- any changes to the statements in
 - this application
 - any other questionnaire signed by me and related to this application
 - any teleinterview completed by me, and
 - any statement made by me in writingmust be notified in writing to New Ireland before the policy commences
- I will receive a printed record of the information recorded in this online application within ten days of submission and agree to notify New Ireland if I do not receive the printed record within this time. Following receipt of the record I understand that I must ensure the information set out on the record of my application details is true and complete and that I must notify New Ireland of any changes required within ten working days of receipt of the record.
- any incomplete or inaccurate information set out in the transcript of any teleinterview completed by me must be notified to New Ireland within ten working days of receipt of the transcript
- where I have agreed to pay by direct debit, and upon completion of the Direct Debit Mandate, premiums will not be collected from my account for a minimum of three days
- in the event of this application not proceeding, information provided in connection with this 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.

8. Declarations/Data protection consent (continued)

Please read the Data Protection wording at the end of this application before completing this part.

New Ireland is asking you for your consent to allow us use your Information to contact you for Marketing purposes. You have the right to withdraw this consent at any time by contacting us.

From time to time, New Ireland would like to let you know about services and products that we believe are relevant to you, which may make your life easier or offer you value. Please let us know if you're happy for us to do so. Yes No

Where you are happy for us to contact you for these purposes please let us know how you would prefer us to do so.

Email Post
 Phone Call SMS/Digital message

SIGN HERE	First Person to be covered	Second Person to be covered																															
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10. Data protection

This section provides a summary of how New Ireland Assurance Company plc (New Ireland) will use and process your Information. New Ireland is a life assurance and pensions company registered in Ireland.

New Ireland's contact details are as follows:

Address: 5/9 Frederick Street South, Dublin 2.

Email: info@newireland.ie

Telephone: 1850 200 318 / (01) 523 9810

Website: www.newireland.ie

New Ireland's Data Protection Officer's contact details are as follows:

Address: Data Protection Officer, New Ireland Assurance,
5/9 Frederick Street South, Dublin 2.

Email: dataprotection@newireland.ie

As you read this section there are some terms that are important to understand.

"Information" means any personal data and/or information including health and non-health information given by you or on your behalf in connection with this application or any further information which may be given at a later stage in relation to the contract either in writing, by email, at a meeting or over the telephone including information contained in records of your transactions.

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

"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.

What will we use your Information for?

The Information being collected on this form and any related document is for the purposes of processing your application for a life assurance policy (contract) and administering the contract if put in place. Processing can include dealing with your Information to enable us comply with legal and regulatory requirements and/or using the Information to assess and deal with any claim you make. We will also use your Information where we legitimately need to do so to operate our business but this won't adversely impact on your fundamental rights. If you omit or do not provide the Information requested if the Information provided is not true and/or complete or if you later request the Information be amended or erased, then you may not be able to proceed to take out a contract, any existing contract you have with us may cease and you may not be able to receive benefits under an existing contract.

The Information may be processed and disclosed to other parties as set out below. In some circumstances we will need to disclose the Information to relevant third parties (e.g. to meet Revenue or regulatory requirements). Where we have asked you to consent to us using your Information, we will only use it in accordance with the consent you provide.

Our Data Privacy Notice contains more details about how we process your Information. A copy is available on our website. Alternatively we would be happy to provide you with a copy at any time. Please contact us at the details set out above.

New Ireland and its duly authorised agents can:

- contact you by letter, phone, SMS, email or other electronic means in relation to the administration (including any review) of the contract you have entered into. This may include contacting you to provide you with general information relating to the contract at any time;
- hold and use the Information on computer file, in any other dematerialised form or in written hard copy on its own behalf and on behalf of other companies within the Bank of Ireland Group;
- use or pass the Information to third parties for administration, regulatory, customer care and service purposes in relation to the contract. This includes;

- | | |
|---|---|
| <ul style="list-style-type: none">• Reinsurance Companies• Mail Services Companies• Information Technology Companies• Brokers/Intermediaries• Auditors and Accountants• Pensions Authority• Research Partners | <ul style="list-style-type: none">• Revenue Commissioners• Employers• Trustees• Claims handlers• Third Party Service providers including medical screening, administrators and other service operators• Financial institutions/payment service providers |
|---|---|

10. Data protection (continued)

- disclose and/or transfer the Information to other countries, including countries outside of the EEA for any of the purposes specified in connection with the administration of the contract, to persons including entities who have been approved by New Ireland and in a manner compliant with applicable data protection legislation. The Information may be transferred to countries in respect of which the European Commission has not made an adequacy decision, however the transfer of Information will be made on the basis that appropriate safeguards including standard data protection clauses have been put in place. You may obtain a copy of these clauses by writing to New Ireland at the address stated above;
- use your Information to carry out statistical analysis and market research including for distribution quality management purposes and to determine product/campaign offerings and requesting your feedback to help improve our service;
- hold and store the Information for a period of time in accordance with a number of factors including to comply with;
 - any contractual obligations, including the type of contract or service we have provided.
 - any legislative or regulatory rules or codes set by authorities such as the Central Bank of Ireland, the Data Protection Commission, Revenue Commissioners, Government agencies.
 - the resolution of a legal or some other type of dispute.
- for certain types of contracts (e.g. life assurance protection contracts) make decisions based on automated processing including profiling You will be advised where this is taking place and will have the right to obtain human intervention where you wish to express your point of view and/or contest the decision that is made.

You acknowledge that subject to certain conditions as set out in legislation you have the following rights in relation to the Information you have provided:

- You may request access to and/or rectification or erasure of the Information.
- You may restrict New Ireland from processing the Information.
- You may object to New Ireland processing the Information for certain purposes.
- You have the right to receive your information in a structured, commonly used and machine readable format (data portability).
- You understand that you have the right to lodge a complaint with the Data Protection Commission.



New Ireland Assurance Company plc.,

5/9 Frederick Street South, Dublin 2.

T: (01) 617 2000 F: (01) 617 2075.

E: info@newireland.ie W: www.newireland.ie

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

301610 V11.05.18