

DECLARATION FORM PROTECTION



NEW IRELAND
ASSURANCE

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 anything please ask your Financial Adviser for clarification.

You and your Financial Adviser have chosen to complete a Data Capture Form to capture the information necessary to later complete an online application to New Ireland. The declarations in the Declaration/Data protection consent section of this form and the information recorded in your online application 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 in it is not true and complete. If you have not received the printed record within 10 days of the date this form is signed you must contact New Ireland immediately.

Important Notes in relation to Material Facts

You are legally obliged to tell us all relevant information (material facts) in answering the online 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.

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

- If you do not tell us all material facts
- If any of the information you provide is not true and complete
- If you do not tell us of any changes in your medical and/or other information before the policy starts.

You may submit answers to any medical questions direct to the Chief Medical Officer at 11-12 Dawson Street, 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.

Any changes to the information in this proposal before the proposed policy comes into force must be notified in writing to New Ireland.

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 questions including full details about your family history as required in the family history question.

To be completed by insurance intermediary

Name:

Agency No.: Broker Consultant's Name:

Branch No.: Broker Consultant's No.:

LARC No.: Adviser Email:

Personal Details

Application Number:

Product: Mortgage Protection Term Assurance TotalCare

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

	First Person to be covered	Second Person to be covered
Surname:	<input type="text"/>	<input type="text"/>
First Name:	<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"/>

Declaration of receipt of disclosure information and policy replacement

- Please ensure you 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 Policy Owner(s), as stated in Section 2 of the Application, have been provided with the information specified in Schedule 1 to those Regulations and that I have advised the client 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.



Insurance/
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
Signature:

Date:

D	D	M	M	Y	Y	Y	Y

Second Policy Owner
Signature:

Date:

D	D	M	M	Y	Y	Y	Y

New Ireland Assurance Company plc.,

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A Member of Bank of Ireland Group.

New Ireland Assurance Company plc is regulated by the Financial Regulator.

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