

CONFIRMATION OF SOURCE OF FUNDS AND SOURCE OF WEALTH

First Proposer _____	Second Proposer _____
Address: _____	Address: _____
_____	_____
_____	_____

To comply with the requirements of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010, you are required to provide information to confirm the source of funds and source of wealth in respect of the amount you are saving/investing. Please complete **BOTH** sections A and B below and sign the declaration:

Section A: Source of Funds:

This section must be completed if payment is NOT a cheque or Direct Debit drawn on the account of the proposer(s):
 Please state the payment method:

- | | |
|--------------------------------------------------------|--------------------------|
| A. Bank Draft | <input type="checkbox"/> |
| B. Cheque / Credit Transfer from Broker Client Account | <input type="checkbox"/> |
| C. Reinvestment of New Ireland Matured Investment | <input type="checkbox"/> |
| Policy No. _____ | |
| D. Other – Please Specify _____ | <input type="checkbox"/> |

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) _____	Branch: _____
Bank Name: _____	Account Number: _____

Section B: Source of Wealth

How have the funds to pay for the policy been accumulated:

- | | | | |
|------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Employment / Self Employment Income | <input type="checkbox"/> | Inheritance or Gift | <input type="checkbox"/> |
| Investment Income (e.g. rent, dividends) | <input type="checkbox"/> | Matured Investment | <input type="checkbox"/> |
| Lump Sum on Retirement | <input type="checkbox"/> | Court Award / Litigation Settlement | <input type="checkbox"/> |
| Redundancy Payment | <input type="checkbox"/> | Divorce Settlement | <input type="checkbox"/> |
| Sale of Property | <input type="checkbox"/> | Other – please specify below | <input type="checkbox"/> |

Other: _____

Declaration

I / We declare that all of the information provided on this form is true and complete. I / We understand that the information on this form shall form part of my / our application to New Ireland Assurance Company plc and any declarations and consents provided by me / us to New Ireland Assurance Company plc extend to the information set out on this form.

Signature: _____
 First Proposer

Date: _____

Signature: _____
 Second Proposer

Date: _____