

Navigator Master Trust - Group Pensions

Employee Application

(Pension and Risk)



Please complete this form in **BLOCK CAPITALS** and tick (✓) where appropriate

1. Your Details

Plan Reference number:	<input type="text"/>																																		
Name of Plan:	<input type="text"/>																																		
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/> Other <input type="text"/>																																
First Name	<input type="text"/>	Surname	<input type="text"/>																																
Home Address & Eircode:	<input type="text"/>																																		
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Date of Birth:	<table border="1"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile Number*:	<input type="text"/>																
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Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	<p>*By providing contact details, I understand that I may be contacted using those details if New Ireland needs further health or other information for this application.</p>																																
Email Address:	<input type="text"/>																																		
Date you joined the company:	<table border="1"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date you wish to be added to your company plan:	<table border="1"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your Job: (please state the precise nature of work involved)	<input type="text"/>																																		
	<input type="text"/>																																		
Your yearly Salary:	€ <input type="text"/>	Your P.P.S. Number: Personal public service number	<input type="text"/>																																
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partner <input type="checkbox"/>																																
Your Spouse/Civil Partner's Name:	<input type="text"/>	Your Spouse/Civil Partner's Date of Birth:	<input type="text"/>																																

2. Other Pension Benefits

Is this employee entitled to any other retirement benefits under this or previous employment or under any Retirement Annuity Contract or Personal Retirement Savings Account (PRSA)?

Yes ☐ No ☐

If "Yes", please provide details:

Name of Scheme:	1.	<input type="text"/>
	2.	<input type="text"/>
Name of Contract:	1.	<input type="text"/>
	2.	<input type="text"/>
Current Value:	€ <input type="text"/>	€ <input type="text"/>
Insurance Company/PRSA Provider:	<input type="text"/>	<input type="text"/>

3. Contribution Details

Regular Annual Contributions in respect of this employee

Employer's Contribution: % of Plan Salary **OR** € per annum.

Employee's Contribution: % of Plan Salary **OR** € per annum.

Additional Voluntary Contributions (AVC): % of Plan Salary **OR** € per annum.

Special Single Contributions

Employer: €

Employee: €

Additional Voluntary Contributions: €

Transfer Value

Employer: €

Employee: €

Additional Voluntary Contributions: €

4. Answering questions fully, honestly and carefully

You will be asked questions about your health, lifestyle and family history. Even if similar questions were answered as part of a previous application, all questions must be answered fully, honestly and carefully.

There is no need to tell us, New Ireland, about genetic tests that have been carried out and New Ireland will not consider the results of any genetic tests we receive.

New Ireland may ask for medical information from doctors and other health professionals at the time of this application and during the duration of the cover if this application goes ahead.

If this application goes ahead, the cover will be based on the information in:

- this form,
- any other form or questionnaire related to this application,
- any other written information received from or on your behalf related to this application, and/or,
- any recorded telephone call related to this application.

If:

- any questions are not answered fully, honestly and carefully, and/or
- New Ireland is not made aware of any changes to the answers given, before New Ireland has accepted you for cover.

Then New Ireland may:

- cancel the cover from the start and/or
- refuse to pay any claim, and/or
- reduce the amount of any claim, and/or
- reduce the amount of cover.

5. Your GP (General Practitioner) Details

We need the following information as we may need to contact your GP to obtain and/or confirm your medical information in order to provide you cover.

Do you have a GP in Ireland or abroad?

Yes ☐ No ☐

If the answer is yes, please give the name and address of your GP:

Name:

Address

If you have changed GP in the last year, please give the name and address of your previous GP
Name and Address of Previous Doctor:

Name:

Address

6. Your Medical Details and Other Information

The information in this section is needed to assess your health and lifestyle to decide on your cover. Please answer all of the questions fully, honestly and carefully. Where it applies, please give full details, such as; the condition you have or had, when it was diagnosed, the results of any tests or investigations, the treatment(s) you received and date when you were last assessed by your GP or specialist. There is no need to tell us, New Ireland, about genetic tests that have been carried out and New Ireland will not consider the results of any genetic tests we receive. If we need more information, we may arrange for a Nurse to call you to gather this information. This is referred to as a Tele-interview and we give further information on this in Section 9.

1. Personal details:

a. How tall are you?

Height

ft

ins

OR

cm

b. How much do you weigh?

Weight

st

lbs

OR

kg

If you're pregnant, please tell us how much you weighed before you were pregnant. (females only)

2. Which of these best describes your smoking habits? (Please select all that apply:)

a. I've not smoked in the last year

☐

b. I smoke every day

☐

c. I've smoked in the last year but not every day

☐

d. I've vaped, used e-cigarettes or nicotine products in the last year

☐

Examples of nicotine products are nicotine patches and gum

If you select "I smoke every day", please confirm what you smoke and how much on average per day

Cigarettes

average per day

Cigars

average per day

Other tobacco

average per day

3. Have your birth parents, brothers, or sisters had any of these before they were 60? (Please select all that apply:)

Heart attack, angina, heart by-pass, angioplasty or stroke

☐

Diabetes

☐

Bowel cancer or polyposis of the colon

☐

Breast or ovarian cancer (females only)

☐

Any other cancer

☐

Muscular dystrophy, Huntington's disease or motor neurone disease

☐

Polycystic kidney disease

☐

Multiple sclerosis, Parkinson's disease or Alzheimer's disease

☐

Cardiomyopathy

☐

I don't know

☐

No, none of the above

☐

Please note: You don't need to tell us if your family member was 60 or older when they first had their condition. If you do not know your family history because you are adopted or have no contact with your birth family, you may answer this question "I don't know"

a. If you have selected any of the above conditions, please give details:

Condition If it was cancer, please tell us the type (eg. bowel cancer)	Family Member	Age they were diagnosed

6. Your Medical Details and Other Information (cont'd)

b. If you have selected any of the above conditions; Have you requested, had, or been advised to have, any screening, test or investigation because of your family history?

Yes ☐ No ☐

You do not need to give us details of any genetic tests you have had.

If yes, please give details and dates of any screening, test or investigations you have requested, had or been advised to have.

Have you ever had:

4. Have you ever had any of these? (Please select all that apply:)

Cancer, Leukaemia, Hodgkin's disease, lymphoma or tumour of the brain or spine?

☐

A heart attack, irregular heartbeat, heart valve disorder, heart murmur, or any other heart condition or heart surgery?

☐

A stroke, transient ischaemic attack (TIA or mini-stroke), brain haemorrhage or damage or surgery to your brain?

☐

Multiple Sclerosis, Parkinson's disease, paralysis, Alzheimer's disease, dementia or cerebral palsy?

☐

No, none of the above

☐

5. Have you ever had any of these? (Please select all that apply:)

Cirrhosis of the liver, hepatitis B or C, or any other disorder affecting your liver?

☐

A positive test for HIV or AIDS?

☐

Osteoarthritis, Rheumatoid arthritis, Psoriatic arthritis, Ankylosing Spondylitis or any form of neck or back surgery?

☐

Myalgic Encephalomyelitis, fibromyalgia, or chronic fatigue syndrome?

☐

Any mental health issue that has required a hospital or psychiatric referral, or have you thought about or attempted taking your own life or self-harming?

☐

No, none of the above

☐

Last 5 years health:

6. In the last 5 years have you had any of these? (Please select all that apply:)

High blood pressure or high cholesterol?

☐

Diabetes or raised blood sugar?

☐

An eating disorder, depression, stress, anxiety, panic attacks?

☐

Any anaemia, blood clot, haemochromatosis or any other blood disorders?

☐

Any lumps, cysts, moles, growths or freckle that has changed in appearance, bled or become painful?

☐

No, none of the above

☐

Tell us more about your recent health:

7. In the last 5 years have you had any of these? (Please select all that apply:)

Asthma, sleep apnoea, chronic or recurrent bronchitis or any other lung or breathing difficulties?

☐

Pancreatitis, Crohn's disease, colitis, bowel polyp(s) or anything else affecting your oesophagus, stomach or bowel?

☐

Kidney stones or anything else affecting your kidneys, prostate, bladder? (males only)

☐

Kidney stones or anything else affecting your kidneys, bladder or urine? (females only)

☐

Disc problems, sciatica, scoliosis, trapped nerve, whiplash, neck or back pain?

☐

Repetitive strain injury, carpal tunnel syndrome or any form of joint pain such as pain in your knees, ankles, shoulders, elbows, wrists, hands?

☐

No, none of the above

☐

Details

6. Your Medical Details and Other Information (cont'd)

8. In the last 5 years have you had any of these? (Please select all that apply:)

- Psoriasis, eczema, dermatitis or anything else affecting your skin?

Tinnitus, vertigo, or anything else affecting your ears, hearing or balance?

Impaired, blurred or double vision or anything else affecting your eyes?
You do not need to tell us about fully corrected sight problems.

Numbness, pins and needles, muscle weakness or tremor?

Any blackouts, migraine, seizure or epilepsy?

No, none of the above
- ☐
☐
☐
☐
☐
☐

9. In the last 5 years have you had any of these? You don't need to include things you've already told us about. (Please select all that apply:)

- I've requested or been advised or referred to see a specialist

I've requested or been advised or referred to have tests, scans, investigations or surgery

I've attended a specialist or I have had tests, scans investigations or surgery

I have been hospitalised for COVID -19

No, none of the above
- ☐
☐
☐
☐
☐

You don't need to tell us about:

- Infertility treatments
 - Normal pregnancy (females only)
 - Caesarean section (females only)
 - Oral contraceptive pill (females only)
 - Dental treatment
 - Tonsillitis or tonsil removal
- Routine smear tests or mammograms not requiring further investigation (females only)
 - Routine normal health or work screenings that are not related to any symptoms that you have or had

Recent Health:

10. Have any of these applied to you? (Please select all that apply:)

- I am currently out of work due to illness or injury

In the last 2 years, I have been off work because of illness or injury for more than 10 consecutive working days

In the last 6 months, I have been prescribed or taken a course of medication lasting more than 7 days

I have symptoms that I have not yet sought medical advice or treatment for

No, none of the above
- ☐
☐
☐
☐
☐

Details

6. Your Medical Details and Other Information (cont'd)

Lifestyle:

11. Are you involved in any of these? If you are, please give us details on the pastime or sport, any relevant qualifications you have and how often you do it.

Scuba diving	<input type="checkbox"/>
Private flying, gliding or parachuting	<input type="checkbox"/>
Motor car or motorcycle sport	<input type="checkbox"/>
Mountaineering, rock climbing or caving	<input type="checkbox"/>
Water sports	<input type="checkbox"/>
Martial arts or combat sports	<input type="checkbox"/>
Winter / ice sports	<input type="checkbox"/>
Horse riding	<input type="checkbox"/>
Any other hazardous pastime or sport	<input type="checkbox"/>
No, none of the above	<input type="checkbox"/>

You don't need to tell us about:

- Flying only as a fare-paying passenger or cabin crew on a scheduled or charter aircraft (e.g. Ryan Air, Aer Lingus)
- One-off experience day on a motor track or circuit
 - One-off parachute jumps
 - One-off scuba dives

Details

12. How many of these do you drink per week?

Please complete each answer box below. Enter "0" if it does not apply:

Pints of beer, lager or cider	<input type="text"/>
Bottles of beer, lager or cider	<input type="text"/>
Glasses of wine	<input type="text"/>
Single measure of spirits	<input type="text"/>
Other alcoholic drinks	<input type="text"/>

13. Have any of these applied to you? (Please select all that apply:)

I've been advised by a health professional to cut down or stop drinking alcohol	<input type="checkbox"/>
I've had or I've been referred for treatment or counselling for alcohol excess or misuse	<input type="checkbox"/>
I've used recreational drugs in the last 10 years	<input type="checkbox"/>
No, none of the above	<input type="checkbox"/>

Details

Some examples of recreational drugs include cannabis, ecstasy, cocaine, heroin, amphetamines, anabolic steroids or non-prescriptive sedatives

14. In the last 2 years, have you spent more than 6 months in total living or working or travelling outside the European Union (EU), United Kingdom (UK), United States of America (USA), Canada, Japan, Singapore, Hong Kong, New Zealand or Australia?

Yes ☐ No ☐

If yes, please give details of countries, dates and duration

7. Investment Details

Please indicate your chosen investment allocation below. If no selection is made, contributions will be invested in the Default Investment Strategy, which is Passive IRIS. Before making any decisions you should make sure you have obtained sufficient information on the funds involved. Further information on your investment options is available in the Navigator Master Trust - Group Pensions Investment Choice Member's Guide, which is also available from your Trustee or Financial Advisor.

Risk Rating Scale



Fund Name	Employer	Employee	AVC
Lifestyle			
IRIS Retirement Fund	%	%	%
IRIS Annuity Option ¹	%	%	%
IRIS Lump Sum Option ²	%	%	%
Passive IRIS (Default Investment Fund)**	%	%	%
Passive IRIS Annuity Option ¹ **	%	%	%
Passive IRIS Lump Sum Option ² **	%	%	%
¹ You should only choose this option if you plan to purchase an annuity at retirement. ² You should only choose this option if you plan to take a cash lump sum at retirement.			
Very Low Risk ① ○ ○ ○ ○ ○ ○ ○			
Pension Cash Fund**	%	%	%
Low to Medium Risk ○ ○ ③ ○ ○ ○ ○ ○			
iFunds 3 [†]	%	%	%
PRIME 3	%	%	%
Medium Risk ○ ○ ○ ④ ○ ○ ○ ○			
BNYM Global Real Return Fund (pension) [†]	%	%	%
iFunds 4*	%	%	%
Pension Indexed Eurozone Long Bond Fund**	%	%	%
PRIME 4	%	%	%
Medium to High Risk ○ ○ ○ ○ ⑤ ○ ○ ○			
iFunds 5*	%	%	%
PRIME 5	%	%	%
High Risk ○ ○ ○ ○ ○ ⑥ ○ ○			
iFunds Equities ^{††}	%	%	%
PRIME Equities	%	%	%
Total	100%	100%	100%

[†]The management charge on this fund is 0.1% p.a. above standard.

^{††}The management charge on this fund is 0.2% p.a. above standard.

*The management charge on this fund is 0.15% p.a. above standard.

**The management charge on this fund is 0.1% p.a. below standard.

[†]The management charge on this fund is 0.35% p.a. above standard.

Please note that other fund related charges may also apply.

8. Declarations / Data Protection Consent

I confirm that I have:

- read and understood all the questions asked on this form, and
- answered the questions on this form fully, honestly and carefully whether completed by me or on my behalf.

I understand that if this application goes ahead, the cover will be based on the information in:

- this form,
- any other form or questionnaire related to this application,
- any other written information received from me or on my behalf related to this application, and/or
- any recorded telephone call related to this application.

I understand that New Ireland may ask for information about my health from any doctor or health professional who has attended me, and I authorise them to give New Ireland the information asked for. I understand that this authority will remain in place during the duration of the cover and as part of any claim assessment, even after my death.

I understand that if:

- any questions are not answered fully, honestly and carefully, and/or
- New Ireland is not made aware or informed of any changes to the answers given, before New Ireland has accepted me for cover, then New Ireland may:
 - cancel the cover from the start and/or
 - refuse to pay any claim, and/or
 - reduce the amount of any claim, and/or
 - reduce the amount of cover.

I understand cover will start when New Ireland accepts this application and not before then.

Where I have provided contact details, I understand that I may be contacted using those details if New Ireland needs further health or other information for the purpose of this application.

I understand that in the event of my application not proceeding, information provided in connection with my application will be retained by New Ireland for a period of up to six years to facilitate any future application by me.

I understand

- that I'm due to receive a copy of the application within 10 days of New Ireland accepting me for cover and will let New Ireland know if I don't.
- when I receive a copy, I need to review the answers to make sure they have been answered fully, honestly and carefully, and
- I must make New Ireland aware, of any errors, missing information or changes required to the answers.

I confirm that I have received and read a copy of the Navigator Master Trust - Group Pensions Investment Choice Member's Guide and that the charges associated with each fund selected have been fully explained to me.

I confirm that the risks associated with the fund(s) I have selected have been fully explained to me.

I understand that neither the Trustees nor New Ireland are liable for the investment performance of the funds selected by me.

Where this document is signed electronically, I have agreed to do so rather than manually signing it in paper form. I also agree where the document is signed electronically to the retention and use of the completed application as an electronic original.

I understand and agree that information relating to my policy may be provided electronically.

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

Signature of Employee

Date: - -

9. What is a Teleinterview?

What is a Teleinterview?

A teleinterview is an interview over the phone by a nurse where we ask you details about your hobbies, travel, health and family history. The call is recorded and shouldn't take more than 30 minutes to complete.

Why are you being interviewed?

We use the information from your interview (which we keep confidential) to decide on whether we offer you cover, and if so, on what terms.

When will the Teleinterview take place?

Medicals Direct will ring you in the next few days to arrange a suitable time.

The nurses can carry out interviews from:

- 8am to 8pm Monday to Thursday
- 8am to 4.30pm on Fridays

If you are not free to answer the questions when they call, the nurse will arrange a more suitable time to ring you back to do the interview. If they haven't rang you back in three days, or you have been away or not contactable, please ring New Ireland on (01) 617 2595 to arrange an interview.

It is important that you are able to speak freely and have the time to do the interview when they call. If you are using a mobile phone, please make sure you are not driving, as they will not be able to carry out the interview if this is the case.

What do you need to prepare?

To prepare for your interview, please take some time to have the following information ready when the nurse rings you:

- Any medication you are taking (including the name and dosage).
- Any past or present medical condition you have or had (other than very minor ailments such as the common cold).
- Any tests or investigations, e.g. blood pressure, cholesterol tests. It would be helpful if you phone your GP or whoever did these tests before the interview, to get the results.
- Details of any serious condition, such as cancer, heart attack, stroke, suffered by a member of your immediate family (your mother, father, brothers or sisters, or half brothers and sisters).
- Your height and weight.

If you are not sure whether something is important, then it is best to mention it anyway. The nurse will help you with any questions that you have.

What happens after the interview?

You will be sent a written record of the interview. Please review the answers to check they have been answered fully, honestly and carefully. You must let New Ireland know within 10 days of receiving the record of any errors, missing information or changes needed to the answers.

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:	87-89 Pembroke Road, Ballsbridge, Dublin 4, D04 X738.	Email:	info@newireland.ie
Telephone:	(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, 87-89 Pembroke Road, Ballsbridge, Dublin 4, D04 X738.	Email:	dataprotection@newireland.ie
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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;

- | | |
|--|--|
| • Reinsurance Companies | • Health Professionals (e.g doctors, nurses etc.) |
| • Insurance Companies | • Employers |
| • Investment Service Providers | • Trustees |
| • Mail Services Companies | • Claims handlers |
| • Information Technology Companies | • Solicitors/legal advisors |
| • Brokers/Intermediaries | • Relevant Regulatory Authorities (e.g. Central Bank of Ireland, Pension Authority, Revenue Commissioners, Financial Services & Pensions Ombudsman etc.) |
| • Auditors and Accountants | • Third Party Service providers including medical screening, administrators and other service operators |
| • Research Partners | • Financial institutions/payment service providers |
| • Proposed Policy Owner(s) | |
| • If different to Person(s) to be Covered | |
| • Person(s) to be Covered (if different to Proposed Policy Owner(s)) | |

10. Data Protection (cont'd)

- 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 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.



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