QUEST ARF
APPROVED RETIREMENT FUND
CERTIFICATE OF INVESTMENT SOURCE

QUEST CAPITAL TRUSTEES
Your Path to Financial Independence

This certificate is required in accordance with Section 784B of the Taxes Consolidation Act 1997 (as amended)

SECTION 1 – PROPOSED APPROVED RETIREMENT FUND (ARF) INVESTMENT

Proposer Details - To be completed by Quest Capital Trustees Ltd

Title: Mr ☐ Mrs ☐ Ms ☐ Other ☐

Surname . . . . . First Name . . . . . .

Address . . . . . .

Date of Birth ____/_____/____ PPS Number ☐

SECTION 2 – CERTIFICATE OF INVESTMENT SOURCE

Name of Insurance Company/Qualifying Fund Manager/
Pension Trustee/PRSA Provider: . . . . . .

Address of Insurance Company/Qualifying Fund Manager/
Pension Trustee/PRSA Provider: . . . . . .

Policy No./Plan No. with existing Insurance Company,
QFM or other source: . . . . . .

Proposed Single Premium: €

To be completed by the appropriate person/entity providing the assets for this proposed Approved Retirement Fund investment as follows:
If source of funds is from more than one entity then a separate Certificate will be required from each entity.
Please indicate the source of the Single Premium:

Source of Assets/Funds	Signature required below from an appropriate authorised person	(please tick 1 box only)
Personal Pension (RAC)	Insurance Company	☐
Executive/Group/AVC Pension Scheme	Trustees	☐
Retirement Bond	Insurance Company / Trustees	☐
Self Administered Pension Scheme	Trustees	☐
AMRF/ARF	Qualifying Fund Manager	☐
PRSA	PRSA Provider	☐

Please confirm the gross value of all income drawdown's taken in the current tax year from the transferring ARF: €

We certify that:

> the Proposed Single Premium to which this certificate relates comprises assets to which the individual named in this application is beneficially entitled; and

> the assets to which this certificate relates do not form part of an Approved Minimum Retirement Fund (AMRF) within the meaning of Section 784C of the Taxes Consolidation Act 1997 (as amended);

> the assets to which this certificate relates derive from an approved source within the meaning of Section 784B of the Taxes Consolidation Act 1997 (as amended).

Signature: . . . . . Date: ____/_____/____

Position: . . . . . .

Insurance Co./QFM/Trustees/PRSA Provider: . . . . . .