



QUEST  
CAPITAL  
TRUSTEES

Your Path to Financial Independence

# THE QUEST ARF & AMRF APPLICATION FORM

A flexible, cost efficient retirement investment vehicle that puts you in complete control, designed specifically for your retirement.

# ARF & AMRF

## APPLICATION FORM

### SECTION 1 – PERSONAL DETAILS

Mr  Mrs  Ms

Forename (s) ..... Surname .....

Address .....

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ PPS Number

Telephone No. .... Fax No. ....

Email \* ..... \* this will be our primary method of correspondence with you

### STATUS

Married  Single  Widow(er)  Separated  Divorced  Civil Partnership

Spouses / Partners First Name(s) ..... Surname .....

Spouse / Partners Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address .....

Contact Details .....

### OTHER PERSONAL INFORMATION

Is there a Pension Adjustment Order Yes  No

Is there a Property Adjustment Order Yes  No

If yes please provide a copy of the order(s)

### SECTION 2 – DETAILS OF THE SOURCE OF RETIREMENT FUNDS

**Please state the source(s) from which the investment funds originate**

Full title of transferring scheme, PRSA or pension provider\* .....

Name and address of Trustees or Administrator or QFM .....

Pension scheme reference. ....

Investment Amount € .....

The Investment Amount must exclude any tax free cash lump sum, which should be paid by the transferring scheme trustee or pension provider / administrator.

A cheque for the Investment Amount made payable to the '<<Client Name>> Approved Retirement Fund' should be attached to this application

\* provide all relevant details if more than one source of investment funds are being transferred

### SECTION 3 – BREAKDOWN OF RETIREMENT FUNDS

Are you currently receiving a guaranteed income for life of €12,700\* per annum?

Yes  No

If you answered **Yes** - Please provide us with evidence (name of provider / policy number etc)

If you answered **No**

Do you have an existing Approved Minimum Retirement Fund or have you purchased an annuity? Yes  No

If you answered **Yes** - Please provide us with evidence (name of provider / policy number etc)

If you answered **No**

Approximately €63,500 (or the full investment amount if less than €63,500) will be placed in Approved Minimum Retirement Fund (AMRF).

\*All of your pensions and annuities including Social Welfare Pensions (excluding your spouse's Social Welfare Pension payment) can be taken into account to make up the €12,700.

### SECTION 4 - DETAILS OF ANY OTHER ARF/AMRF/VESTED PRSA's

Qualifying Fund Manager (QFM) .....

Amount Originally Invested €.....

Current Value €.....

**Note:** You must inform the QFM if the combined value of any existing ARFs/AMRFs/Vested PRSAs exceed €2 million.

### SECTION 5 – ASSET TRANSFER DETAILS

#### In-specie Transfer

I wish to transfer the following assets from my existing ARFs / AMRFs / Pensions / Vested PRSAs to my A(M)RF:

Asset Details / Fund Name	Product Details / Contact Person	Estimated Value
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....

After the deduction of my tax free cash there will be a cheque for approx €.....  
This is to be invested as follows:

Asset Details / Fund Name	Product Details / Contact Person	Estimated Value
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....

## SECTION 6 – FINANCIAL ADVISOR DETAILS

Advisor Company Name

Advisor Address

Advisor Name

Email

Office Number

Mobile Number

I confirm we are the financial advisor on the above A(M)RF

Signature of Advisor ..... Date .... / .... / ....

Signature of Client ..... Date .... / .... / ....

**Alternatively tick the attached box if you do not have a financial advisor**

## SECTION 7 – Politically Exposed Person (PEP) Self Certification

I am a Politically Exposed Person (PEP)

I am not a Politically Exposed Person (PEP)

*See section 37 of the Criminal Justice (Money Laundering and Terrorism Financing) Act 2010 for the definition of a PEP*

## SECTION 8 – DECLARATION

- This is my application for a Quest Approved Minimum Retirement Fund (AMRF) and / or a Quest Approved Retirement Fund (ARF).
- I agree that the application will be the basis of the contract between myself and Quest Capital Trustees Ltd (as promoter) of the Quest A(M)RF and Wealth Options Ltd (acting solely as the Qualifying Fund Manager (QFM).
- I understand that the contract will start when my application is accepted by the QFM, acting in its sole capacity as Qualifying Fund Manager (QFM) of the Quest A(M)RF.
- I understand that terms and conditions may apply to my Quest ARF and/or AMRF and that I have been made aware of these terms and conditions.
- I declare that all the details provided are true and correct.
- I declare that I am entitled, under the Taxes Consolidation Act, 1997 (as amended), to apply for an AMRF and/ or an ARF and that my investment is from an approved source.
- I agree to the required imputed distribution from my ARF to be calculated and distributed annually based on the relevant legislation applicable at the time.
- I authorise any insurance provider or pension trustees to provide details of any pension plan or scheme or pension annuity currently or previously applying to me that you may require.
- I authorise any Qualifying Fund Manager to provide details of any ARF/AMRF currently or previously owned by me that you may require.
- I authorise Quest Capital Trustees Limited to deduct all fees charges and relevant taxes as and when they fall due for payment. The charges to be levied and deducted in respect of my Quest A(M)RF are:  
 Initial Set Up Fee € ..... plus VAT  
 Annual Administration fee \_\_\_\_ % of fund value in line with reducing percentage rate depending on fund size  
 Annual fees are subject to the following minimum annual fees: ARF: € \_\_\_\_ / AMRF: € \_\_\_\_ .
- I certify that I have received independent financial advice prior to the making of this investment. I understand that neither Quest nor QFM were involved in providing investment advice in relation to investments selected under the A(M)RF named above.
- I understand that values can go down as well as up. I understand that if there is gearing (lending) involved in an investment there may be a higher degree of risk involved in that investment.
- All fees in the investment have been explained to me and I am satisfied with the fees.
- I understand that if I decide to exercise my cooling off option on an insured investment through my Quest A(M)RF, my A(M)RF will be refunded less any adjustment for any downward movement in the unit price from the date of the investment to the policy cancellation date.
- I wish for my QFM to invest in the product(s) listed in Section 5 of this application form. I understand that this investment(s) may be made by the Quest II Fund and will be subject to the provisions of the Unit Trust Deed as amended.
- I hereby declare that I am aware of, understand and have taken such independent advice as I deem appropriate in connection with Revenue guidelines and /or practices and / or any applicable legislation in respect of investments within my Quest A(M)RF. I confirm and acknowledge that the investments held within my Quest A(M)RF are or shall be in conformity with or do not or shall not, to the best of my knowledge, contradict Revenue guidelines, practices or applicable legislation.
- I hereby consent to the provision of information to the Revenue Commissioners if requested in relation to this investment.
- I confirm that the Financial Advisor noted in Section 6 is my financial advisor in respect of my A(M)RF and remains so unless otherwise notified to Quest.
- I acknowledge Quest does not provide any financial advisory role in respect of my Quest A(M)RF and acts on an execution only basis.
- I consent to the sharing of my all necessary information with my financial advisor noted in this application in accordance with Data Protection and GDPR requirements.

### Termination:

The ARF/AMRF shall terminate with effect from the date of any of the following events (whichever occurs first):

- (i) Where the A(M)RF Holder gives three month's written notice to Quest that they are terminating the Fund;
- or**
- (ii) Where the A(M)RF Holder fails at any time to pay to Quest any sum or sums due
- (iii) Where the ARF Holder fails to pay any sum due to the Revenue
- (iv) If, in the opinion of the QFM, the A(M)RF Holder fails to comply with any provisions of the Fund which apply to it as A(M)RF Holder, fails to communicate with the QFM, the effective date of a written notice given by the QFM to the A(M)RF Holder if, by that date, the A(M)RF Holder fails to comply with the action required to remedy its non-compliance or non-communication; **or**
- (v) The date of death of the A(M)RF Holder; **or**
- (vi) The effective date of notice where the QFM gives one month's written notice to the A(M)RF Holder that it is terminating the Fund for any reason whatsoever; **or**
- (vii) The date on which the Fund, after deduction of expenses due, are exhausted.

**Signed:** .....

**Name:** .....  
(BLOCK CAPITALS)

**Date:** .....

## SECTION 9 – WITHDRAWALS

The Government introduced a tax on deemed withdrawals from all ARFs (including Vested PRSA's) for individuals aged 60 (for the full tax year\*) and over in 2007. There is a requirement that each year an imputed distribution (deemed withdrawal) be made from your ARF. The amount of deemed withdrawal is dependent on your age in the tax year.

For 2016 (& subsequent year, unless otherwise notified to you) the % of annual deemed withdrawal is

Age throughout 2015	Total ARF & Vested PRSA is €2M or less	Total ARF & Vested PRSA is greater than €2M
< 61*	Nil	Nil
61 – 70	4%	6%
71 and over	5%	6%

If you chose not to receive a regular income from your ARF we will automatically deduct a withdrawal, at the applicable % rate, each December and issue to you the net amount after income tax, PRSI and any other applicable deductions, unless alternative written instructions are received by us from you.

To be able to pay either regular income or the annual deemed withdrawal we need details of your nominated bank account to receive funds.

Name of Bank ..... Account Name .....

Bank Address ..... Sort Code/BIC .....

..... IBAN .....

I confirm, until further notice, that distributions from my A(M)RF are to be made to the above bank account.

Signature of A(M)RF Investor .....

## Regular Income

Gross Amount required € .....

Paid monthly  quarterly  half yearly  yearly

### Note:

It is advisable that you obtain a Certificate of Tax Credits and Cut-Off Point from the Revenue Commissioners. You can contact your local tax office or telephone the Revenue Commissioners on LoCall 1980 60 50 90. Wealth Options Ltd (the Qualifying Fund Manager for the Quest ARF) tax number for ARF is 9738050J and this number should be quoted to the Revenue Commissioners when applying for your Certificate of Tax Credits and Cut-Off Point. By obtaining a Certificate of Tax Credits and Cut-Off Point you will be able to avoid any problems with an incorrect amount of tax being deducted when a withdrawal is made from your ARF.

## SECTION 10 – WARNINGS

**Warning:** If you invest in this product you may lose some or all of the money you invest

**Warning:** Past performance is not a reliable guide to future performance

**Warning:** The value of your investment may go down as well as up

**Warning:** The income you get from this investment may go down as well as up

**Warning:** Investments may be affected by changes in currency exchange rates

**Warning:** It is important to be aware that any withdrawal (including withdrawals by way of regular income or payment of tax) from your Approved Retirement Fund will reduce the value of your investment.

### IMPORTANT NOTE:

The provision of this product or service does not require licensing, authorisation or registration with the Central Bank of Ireland and, as a result, is not covered by the Central Bank of Ireland's requirements designed to protect consumers or by a statutory compensation scheme.

### IMPORTANT NOTE:

The value of investments may fall as well as rise and past performance is not necessarily a guide to future returns. Investments denominated in foreign currencies are subject to fluctuations in exchange rates that may have an adverse affect on the value of the investments, sale proceeds and on dividend or interest income. Not all recommendations are suitable for all Investors. You must contact your broker before any investment decisions are made. You should be aware that the rates and bases of taxation may change from time to time. We recommend that you consult your tax advisor to confirm the suitability of Tax based investment decisions.

### Notes:

Please use this section to provide any extra information in relation to any questions in this application form.

Please indicate what question(s) the information relates to

## Checklist – please provide the following

- Certified copy of your passport or driving licence
- Certified copy of a recent bank statement or utility bill (no greater than 3 months old)
- Proof of your PPS number
- Copy of a bank statement where you want distributions to be paid to
- Existing AMRF or annuity documentation