

RULES

- Group should hold the common bond

WHAT WE NEED

- Completed application Form
- Copy of Rules or Constitution
- Minutes of Meeting confirming an account is to be opened with “Life Credit Union” and listing the signatories on the account
- Charity Number if a charitable organisation together with evidence of Revenue approval.
- If the organisation is a charity but not approved as an exempt charity by the revenue, we require confirmation in writing from a Solicitor detailing name, address, occupation, and date of birth of the beneficial Owners/Controlling Persons
- Details of any individual who exercises control over at least 25% or more of the property of the Unincorporated entity
- Registration number with the CRBOT (Central Registry of Beneficial Owners of Trusts) if the unincorporated entity is registered as an express trust _____

IDENTIFICATION REQUIREMENTS

In order to comply with legislation to combat money laundering and terrorist financing, we will need proof of identity and residential address of the following.

- Chairperson (or equivalent)
- Secretary
- All persons authorised to operate the account
- Any Beneficial Owners/Controlling Persons of the Unincorporated entity

PROOF OF IDENTITY

Any one of:

- Current Valid Passport
- Current Valid Driver's Licence

ADDRESS VERIFICATION

Any one of:

- Original recent household bill (dated within the last 6 months)
- Original Recent Bank/Building Society Statement (dated within the last 6 months)

PPS NUMBER

Any one of:

- Payslip
- Document from Revenue or Department of Social Protection (**green Public Services Card NOT accepted**)

TAX RESIDENT IN ANOTHER COUNTRY?

- Provide Tax Identification Number (TIN) and Country of Tax residence



UNINCORPORATED ENTITY ACCOUNT OPENING FORM (GROUP/ASSOCIATION/CLUB AND SOCIETY)

MAIN ACCOUNT DETAILS

UNINCORPORATED ENTITY NAME: _____

Unincorporated Entity Address:

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

County: _____

Eircode: _____

Country: _____

Source of Funding for the Account: _____

Activity of the Unincorporated Entity: _____

Estimated Annual Turnover of the Account: _____

Charity Status Number (if applicable): _____

Email Address: _____

Web Details: _____

Correspondence Address (If different from Unincorporated Entity address)

Address Line 1: _____

Address Line 2: _____

County: _____

Eircode: _____

Country: _____

Contact Person

Name: _____

Contact Number: _____

Email Address: _____

Is the unincorporated entity operating as an express 'Trust'

Yes No

If yes, "Is the trust registered on the CRBOT"

Yes No

CRBOT registration number: _____

To be completed if the Unincorporated Entity does not have a Book of Rules/Constitution/Committee structure.

The purpose/aim of the Unincorporated Entity: _____

The Unincorporated Entity is governed as follows (i.e., rules on how decisions are taken):



DETAILS OF CHAIRPERSON (OR EQUIVALENT), SECRETARY AND ALL SIGNATORIES (MINIMUM TWO MEMBERS)

BENEFICIAL OWNERS MUST ALSO COMPLETE THIS DOCUMENT

(Individuals who own or control in excess of 25% of the shares or voting rights of the club or society, or otherwise exert control over the management of the club or society)

CHAIRPERSON (OR EQUIVALENT):

First Name: _____

Surname: _____

Home Address: _____

Date of Birth: _____

Occupation: _____

Contact Number: _____

¹ If Tax resident in another country, please provide TIN Number and Country of Tax Residency

Tin Number: _____ Country of Tax Residency: _____

If you are not tax resident in another country, please sign the following:

I wish to declare that I am not resident for tax purposes in any other country, and that if my circumstances change, I will notify the credit union:

Signature: _____

² Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010?

Yes No

If the Answer is 'Yes', please complete PEP additional form.

Signature: _____

SECRETARY

First Name: _____

Surname: _____

Home Address: _____

Date of Birth: _____

Occupation: _____

Contact Number: _____

¹ If Tax resident in another country, please provide TIN Number and Country of Tax Residency

Tin Number: _____ Country of Tax Residency: _____

If you are not tax resident in another country, please sign the following:

I wish to declare that I am not resident for tax purposes in any other country, and that if my circumstances change, I will notify the credit union:

Signature: _____

² Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010?

Yes No

If the Answer is 'Yes', please complete PEP additional form.

Signature: _____



UNINCORPORATED ENTITY ACCOUNT OPENING FORM (GROUP/ASSOCIATION/CLUB AND SOCIETY)

SIGNATORY (1)

First Name: _____

Surname: _____

Home Address: _____

Date of Birth: _____

Occupation: _____

Contact Number: _____

¹ If Tax resident in another country, please provide TIN Number and Country of Tax Residency

Tin Number: _____ Country of Tax Residency: _____

If you are not tax resident in another country, please sign the following:

I wish to declare that I am not resident for tax purposes in any other country, and that if my circumstances change, I will notify the credit union:

Signature: _____

² Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010?

Yes No

If the Answer is 'Yes', please complete PEP additional form.

Signature: _____





UNINCORPORATED ENTITY ACCOUNT OPENING FORM (GROUP/ASSOCIATION/CLUB AND SOCIETY)

SIGNATORY (2)

First Name: _____

Surname: _____

Home Address: _____

Date of Birth: _____

Occupation: _____

Contact Number: _____

¹ If Tax resident in another country, please provide TIN Number and Country of Tax Residency

Tin Number: _____ Country of Tax Residency: _____

If you are not tax resident in another country, please sign the following:

I wish to declare that I am not resident for tax purposes in any other country, and that if my circumstances change, I will notify the credit union:

Signature: _____

² Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010?

Yes No

If the Answer is 'Yes', please complete PEP additional form.

Signature: _____



Acknowledgement of use and disclosure of my/our personal data in line with the data protection Acts, 1988 and 2003, the General Data Protection Regulation (GDPR) and Section 71 of the Credit union Act, 1997.

I/we understand that the personal data collected in this form will be processed for the purpose of administering my/our account in Life Credit Union. I/we note that the data disclosed may include personal data and special category data within the meaning of the GDPR. I/we also understand that under Section 71 of the Credit Union Act, 1997, the Credit Union, subject to exceptions listed in the Section, shall not disclose, or permit to be disclosed, without my/our consent, any information that concerns an account or transaction of mine/ours with the Credit Union.

For the purpose of assessing my/our application for membership and generally for administering and monitoring any accounts I/we have with the Credit Union: I/we acknowledge that:

- (i) the Credit Union may disclose any information in my/our application or in respect of any account or transaction of mine/ours with the credit union to authorised officers or employees of the Irish League of Credit Unions (ILCU) for the purpose of fulfilling requirements under the Savings Protection Scheme if such a scheme is operated on behalf of the credit union by the Irish League of Credit Unions; and
- (ii) the Credit Union will process any information relating to me/us, either contained in this form or any other form or application, for the purpose of assessing this application, and administering any accounts I/we maintain with the credit union.

The information given by me/us on this form is true and correct to the best of my/our knowledge and belief. I/we understand that any false or misleading information given by me/us in connection with my/our application for or my/our membership with the credit union may result in termination of my/our membership, apart from any other legal sanctions that may apply.

Please note that you have the right to access personal data held about you by the credit union and to correct any inaccuracies in such data.

At Life Credit Union, we are a data controller and as such, we respect and protect the privacy of our members, the data subjects. Please see our Privacy Notice for information on the personal data we collect, process, store, and share.

“We hereby apply for membership of and agree to abide by the rules of the above credit union. I confirm that I have received the “Deposit Guarantee Scheme – Depositor Information Sheet”

By signing this declaration, we acknowledge that we have been provided with, read and accept the “Deposit Guarantee Scheme – Depositor Information Sheet”.

Signed by Chairperson (or equivalent) _____

Printed Name: _____

Signed by Secretary: _____

Printed Name: _____

Date: _____

(the date must be the same date or later than the date of the meeting shown on the first page of the mandate)

Office Use Only Signature Verified by: _____
Date: _____



DETAILS OF ANY OTHER BENEFICIAL OWNERS/CONTROLLING PERSONS UNDER THE UNINCORPORATE ENTITY (IF DIFFERENT FROM ABOVE)

(Individuals who own or control in excess of 25% of the shares or voting rights of the club or society, or otherwise exert control over the management of the club or society)

BENEFICIARY NAME:

First Name: _____

Surname: _____

Home Address: _____

Date of Birth: _____

Occupation: _____

¹ If Tax resident in another country, please provide TIN Number and Country of Tax Residency

Tin Number: _____ Country of Tax Residency: _____

If you are not tax resident in another country, please sign the following:

I wish to declare that I am not resident for tax purposes in any other country, and that if my circumstances change, I will notify the credit union:

Signature: _____

² Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010?

Yes No

If the Answer is 'Yes', please complete PEP additional form.

Signature: _____

BENEFICIARY NAME:

First Name: _____

Surname: _____

Home Address: _____

Date of Birth: _____

Occupation: _____

¹ If Tax resident in another country, please provide TIN Number and Country of Tax Residency

Tin Number: _____ Country of Tax Residency: _____

If you are not tax resident in another country, please sign the following:

I wish to declare that I am not resident for tax purposes in any other country, and that if my circumstances change, I will notify the credit union:

Signature: _____

² Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010?

Yes No

If the Answer is 'Yes', please complete PEP additional form.

Signature: _____





UNINCORPORATED ENTITY ACCOUNT OPENING FORM (GROUP/ASSOCIATION/CLUB AND SOCIETY)

BENEFICIARY NAME:

First Name: _____

Surname: _____

Home Address: _____

Date of Birth: _____

Occupation: _____

¹ If Tax resident in another country, please provide TIN Number and Country of Tax Residency

Tin Number: _____ Country of Tax Residency: _____

If you are not tax resident in another country, please sign the following:

I wish to declare that I am not resident for tax purposes in any other country, and that if my circumstances change, I will notify the credit union:

Signature: _____

² Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010?

Yes No

If the Answer is 'Yes', please complete PEP additional form.

Signature: _____



INFORMATION DECLARATION

I confirm that the details of the Chairperson (or equivalent), Secretary, all Signatories and any other beneficial owners of the unincorporated Entity provided above are correct and that I am authorised to provide such information.

Signed by Secretary*

*Mandatory

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We certify that at a meeting of the Committee of _____

_____ (the “Unincorporated Entity”)
(insert name exactly as it appears in the Rules/Constitution)

Held on the ____/____/ ____ (date) the following resolutions were passed:

PART 1

ACCOUNT OPENING AND OPERATION

That Life CU is hereby requested and authorised to open and keep an account or accounts (“the account”) for the Unincorporated Entity subject to the CU’s relevant Terms and Conditions for operating an account and to make payments and transfers from the account on instructions given in accordance with the drawing instructions in Part 3 hereof.

CERTIFICATE OF INFORMATION

We certify that all information provided to the LCU for the purpose of the opening of the account is accurate and that all persons named in Part?? are holders of the appropriate office to make and authorise payments on behalf of the Unincorporated Entity in accordance with its rules.

ALTERATIONS AND VARIATIONS

That this mandate, having been notified to The Credit Union, shall remain in force unless and until altered or varied by new instructions given pursuant of a decision of the Committee advised to the Credit Union in writing (in the form of a certified extract from the minutes of the relevant meeting in wording acceptable to the Credit Union), signed by the Chairperson of the meeting and countersigned by the Secretary of the Unincorporated Entity whereupon such new or supplemental instructions giving effect to such decision (to the extent that the same shall be at variance or inconsistent therewith) shall replace or alter, as the case may be, the instructions herein contained.

CONFIRMATION OF ELECTED OFFICIALS AND NOTIFICATIONS OF CHANGES IN ELECTED OFFICIALS ETC

That the Credit Union be furnished with a list detailing the full names and addresses of the Chairperson, Secretary and other Officers of the Unincorporated Entity and that the Credit Union be informed by notice in writing signed by the Secretary, as soon as may be, of any change which may take place in the Chairperson, Secretary, other officers or Beneficial Owners/Controlling Persons.



UNINCORPORATED ENTITY ACCOUNT OPENING FORM (GROUP/ASSOCIATION/CLUB AND SOCIETY)

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DETAILS OF OFFICERS: (CHAIRPERSON, SECRETARY, OFFICERS)

Name: _____

Home Address: _____

Position: _____

Name: _____

Home Address: _____

Position: _____

Name: _____

Home Address: _____

Position: _____

Name: _____

Home Address: _____

Position: _____



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AUTHORISED SIGNATORIES (MARK AS APPROPRIATE)

On the signature(s) of: Any Two Any Three All the Above of the following:

Signatory: (Block Capital) _____

Position: _____

Specimen Signature: _____

Signatory: (Block Capital) _____

Position: _____

Specimen Signature: _____

Signatory: (Block Capital) _____

Position: _____

Specimen Signature: _____

Signatory: (Block Capital) _____

Position: _____

Specimen Signature: _____

Signatory: (Block Capital) _____

Position: _____

Specimen Signature: _____

Signatory: (Block Capital) _____

Position: _____

Specimen Signature: _____



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CERTIFIED A TRUE COPY

The mandate must be signed by the Chairperson (or equivalent) of the meeting at which the mandate resolutions were passed (this person must be a member of the Committee) of the Unincorporated Entity AND the Secretary of the Unincorporated Entity (who must not be the same person as the Chairperson or equivalent) or another member of the Committee.

Chairperson (or equivalent): _____

Printed Name: _____

Secretary: _____

Printed Name: _____

Date: _____

(The date must be the same date or later than the date of the meeting shown on the first page of the mandate).



EXPLANATION OF TERMS USED OVERLEAF – MANDATORY FIELDS

¹ Tax Residency for the purposes of the Common Reporting Standard

This information is being sought for the purposes of reporting obligations under the Common Reporting Standard (CRS), as provided for by Section 891F of the Taxes Consolidation Act 1997. The information required to be reported under the CRS, including name, address, TIN, account number, account balance and payments on the account will be provided to the Revenue Commissioners and may be exchanged securely with another Competent Tax Authority in your jurisdiction of tax residence, but such information will at all times be treated with the strictest confidentiality as required by the Data Protection Acts 1988 & 2003. Only data that is legally required to be reported will be provided to the Revenue Commissioners.

For more information on this, please speak to your credit union, contact Revenue at aeoi@revenue.ie or see <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

² Politically exposed persons (PEP)

A politically exposed person is an individual, or an immediate family member, or a close associate of an individual who resides outside of the Republic of Ireland and has held a prominent public function at any time in the preceding 12 months.

Life Credit Union are required to take steps to determine whether or not a member, or a beneficial owner connected with the member or service concerned, being a member or beneficial owner, residing in a place outside of the State, is a politically exposed person or an immediate family member, or a close associate of, a politically exposed person.

Politically Exposed Person' (PEP) 'Politically exposed person' means an individual who is, or has at any time in the preceding 12 months been, entrusted with a prominent public function, including either of the following individuals (but not including any middle ranking or more junior official):

- (a) a specified official.
- (b) a member of the administrative, management or supervisory body of a state-owned enterprise.

'Specified Official' means any of the following officials (including any such officials in an institution of the European Communities or an international body):

- (a) a head of state, head of government, government minister or deputy or assistant government minister.
- (b) a member of parliament or of a similar legislative body.
- (c) members of the governing bodies of political parties.
- (d) a member of a supreme court, constitutional court, or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal.
- (e) a member of a court of auditors or of a board of a central bank.
- (f) An ambassador, chargé d'affaires or high-ranking officer in the armed forces.
- (g) directors, deputy directors and members of the board or equivalent function of an international organisation.

Close Associate

In this section 'close associate' of a politically exposed person includes any of the following persons:

- a) Any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the politically exposed person.
- b) Any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person.

Immediate Family Member

'Immediate Family Member' of a politically exposed person includes any of the following persons:

- a) Any spouse of the politically exposed person.
- b) Any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of the place where the person or politically exposed person resides.
- c) Any child of the politically exposed person.

- d) Any spouse of a child of the politically exposed person.
- e) Any person considered to be equivalent to a spouse of a child of the politically exposed person under the national or other law of the place where the person or child resides.
- f) Any parent of the politically exposed person.
- g) Any other family member of the politically exposed person who is of a prescribed class.

'The Minister may prescribe a class of family member of a politically exposed person, for the purposes of paragraph (g) of the definition of "immediate family member" of a politically exposed person in subsection (10), only if the minister is satisfied that it would be appropriate for the provisions of this section to be applied in relation to members of the class, having regard to any heightened risk, arising from their close family relationship with the politically exposed person, that such members may be involved in money laundering or terrorist financing'.

CRBOT

Central Register of Beneficial Owners of Trusts. Further Information can be found on Central Register of Beneficial Ownership of Trusts information (revenue.ie)

Basic information about the protection of your eligible deposits

Eligible deposits in LIFE CREDIT UNION LTD are protected by:	the Deposit Guarantee Scheme (“DGS”)(1)
Limit of protection:	EUR 100,000 per depositor per credit institution(2)
If you have more eligible deposits at the same credit institution:	All your eligible deposits at the same credit institution are ‘aggregated’ and the total is subject to the limit of EUR 1 00,000(2)
If you have a joint account with another person(s):	The limit of EUR 100,000 applies to each depositor separately(3)
Reimbursement period in case of credit institution’s failure:	10 working days(4)
Currency of reimbursement:	Euro or, for branches of Irish banks operating in other EEA Member States, the currency of that State.
To contact LIFE CREDIT UNION Ltd for enquiries relating to your account:	LIFE CREDIT UNION 20 North Main Street Naas Co. Kildare Tel: 045-879622
To contact the DGS for further information on compensation:	Deposit Guarantee Scheme Central Bank of Ireland New Wapping Street, North Wall Quay, Dublin 1 Tel: 1890-777777 Email: info@depositguarantee.ie
More information:	www.depositguarantee.ie

(1) Scheme responsible for the protection of your deposit

Your deposit is covered by a statutory deposit guarantee scheme. If insolvency should occur, your eligible deposits would be repaid up to €100,000.

(2) General limit of protection

If a covered deposit is unavailable because a credit institution is unable to meet its financial obligations, depositors are repaid by the DGS. This repayment covers at maximum €100,000 per person per credit institution. This means that all eligible deposits at the same credit institution are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with €90,000 and a current account with €20,000, he or she will only be repaid €100,000.

(3) Limit of protection for joint accounts

In case of joint accounts, the limit of €100,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of €100,000.

In some cases, eligible deposits which are categorised as “temporary high balances” are protected above €100,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits relating to certain events which include:

- a) certain transactions relating to the purchase, sale, or equity release by the depositor in relation to a private residential property.
- b) sums paid to the depositor in respect of insurance benefits, personal injuries, disability and incapacity benefits, wrongful conviction, unfair dismissal, redundancy, and retirement benefits.
- c) the depositor's marriage, judicial separation, dissolution of civil partnership, and divorce.
- d) sums paid to the depositor in respect of benefits payable on death; claims for compensation in respect of a person's death or a legacy or distribution from the estate of a deceased person.

More information can be obtained at www.depositguarantee.ie

(4) Reimbursement

The responsible deposit guarantee scheme is:

Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1.
Tel: 1890-777777. Email: info@depositguarantee.ie. Website: www.depositguarantee.ie.

It will repay your eligible deposits (up to €100,000) within 10 working days from 1 January 2021 to 31 December 2023; and within 7 days from 1 January 2024 onwards, save where specific exceptions apply.

Where the repayable amount cannot be made available within seven working days depositors will be given access to an appropriate amount of their covered deposits to cover the cost of living within five working days of a request. Access to the appropriate amount will only be made on the basis of data provided by the credit institution. If you have not been repaid within these deadlines, you should contact the deposit guarantee scheme.

Other important information

In general, all retail depositors and businesses are covered by the Deposit Guarantee Scheme. Exceptions for certain deposits are stated on the website of the Deposit Guarantee Scheme. Your credit institution will also inform you on request whether certain products are covered or not. If deposits are eligible, the credit institution shall also confirm this on the statement of account.