



## Clubs/Societies Information

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### Guidelines:

- All Signatories/Beneficial Owners should hold the common bond (see back of page for details)
- **Application by appointment only** – form given in advance.
- All Beneficial Owners and Signatories to the account must attend the appointment.
- If any document is missing, we will be unable to take the application form and open/update account.

### Operating account

- A minimum of 2 signatories will be required for all withdrawals.
- Share account maximum balance is €50,000.  
(All limits may be subject to change).
- No online access available
- If changing signatories or any other details on the account (such as address), a new application form will need to be completed in full, all ID documents provided for any new signatories and/or beneficial owners and minutes confirming the amendments and the new signatories and/or beneficial owners supplied.
- **The account may be required to be repapered in full periodically due to changing legislation.**

### What we need:

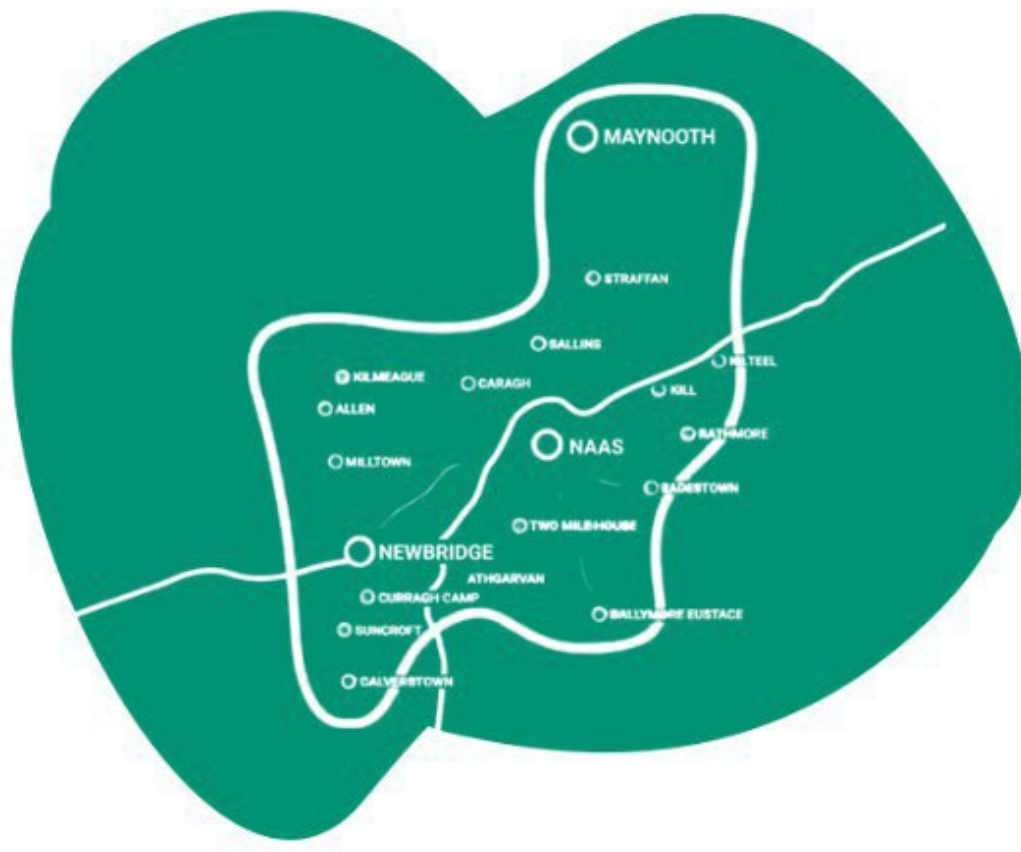
- Fully completed application form
- Copy of Rules or Constitution (Printed)
- Minutes of meeting (Printed) confirming the following:
  - Account to be opened in '**Life Credit Union**'
  - Names of all Signatories to the account and naming all officers on the committee (Beneficial Owners)
- Minutes of the meeting at which the officers were elected.
- If group is a registered charity, we require the charity number and evidence of Revenue approval.
- If group is a Trust, we require their CRBOT registration number and a temporary third-party access number which is available from Revenue.
- Names of all Signatories and Beneficial Owners (e.g. executive committee)
- The following ID documents will be required for all Beneficial Owners and Signatories on the account:
  - **Proof of ID** (Current valid Passport / Irish/UK Driver's Licence / Garda Age Card with Birth Cert)
  - **Proof of Address** dated within the last 6 months (Bank, mortgage or Eflow statement, lease/rental agreement on headed paper, utility bill, Payslip with address, letter/document from Revenue, a local authority, the dept of Social Protection, the NDLS, or home/car insurance with policy number. We can also accept a Driver's licence if it was issued in the last 6 months and is not used as photo ID).
  - **Proof of PPS** (Payslip, E111 card, document from Revenue or department of social Protection. **We cannot except the green Public Services Card**).

- Proof of Tax Identification Number (TIN) and Country of Tax Residence (if applicable).
- All signatories and beneficial Owners must complete the PEP declaration and Tax residency declaration.

**\*If a Beneficial Owner/Signatory is a PEP further documentation will be required and account approval may take longer. If your PEP status changes after account opening you are required to inform us, we may also become aware of this through other channels. In both cases we may have to temporarily suspend the account prior to approval.**

### Common Bond:

Live, study or work in the below area:



## EXPLANATION OF TERMS USED IN APPLICATION FORM – MANDATORY FIELDS

### 1 Tax Residency for the purposes of the Common Reporting Standard

*In accordance with the Common Reporting Standard (CRS), as provided for by Section 891F of the Taxes Consolidation Act 1997, Life Credit Union is required to report information to the Revenue Commissioners, which may be exchanged securely with another Competent Tax Authority in your jurisdiction of tax residence. The information required to be reported under the CRS includes name, address, TIN, account number, account balance and payments on the account. Only data that is legally required to be reported will be provided to the Revenue Commissioners. Please note, Life Credit Union does not provide tax advice and will not be liable for any errors contained in the self-certification form.*

For more information on this, please contact Revenue at [aeoi@revenue.ie](mailto:aeoi@revenue.ie) or see

<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm> or [What is the Common Reporting Standard \(CRS\)? \(revenue.ie\)](#)

## 2 Politically exposed persons (PEP)

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, is a politically exposed person or an immediate family member, or a close associate of, a politically exposed person.

'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.
- (c) Any individual performing a prescribed function.

'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 thenational 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'.

## 4 CRBOT

Central Register of Beneficial Owners of Trusts. Further Information can be found on Central Register of Beneficial Ownership of Trusts information ([revenue.ie](http://revenue.ie))

## 5 Beneficial Owner

A Beneficial Owner is defined in Article 3(6) of 4AMLD, as any natural person(s) who ultimately owns or controls a legal entity, either through direct or indirect ownership of a sufficient percentage of the shares or voting rights, or ownership interest in the entity, including through bearer shareholdings, or through control via other means.

These include:

- Ownership (directly or indirectly) of more than 25% of the company/society's shares
- Controlling (directly or indirectly) more than 25% of the company/society's voting rights
- Control via other means which is explained in Recital 13 of 4AMLS as follows:

“Control through other means” may, inter alia, include the criteria of control used for the purpose of preparing consolidated financial statements, such as

- through a shareholders' agreement,
- the exercise of dominant influence or
- the power to appoint senior management.

If an entity falling within the meaning of CFV is a subsidiary owned by another corporate or other legal entity, any natural person(s) who holds or controls a shareholding of 25% plus one share or an ownership interest of more than 25% in the parent entity, is a beneficial owner(s) of the subsidiary.

If an entity falling within the meaning of Certain Financial Vehicle is a subsidiary owned by multiple corporate or other legal entities, Article 3(6) of 4 AMLS, states that a shareholding of 25% plus one share or an ownership interest of more than 25% in a subsidiary held by multiple corporate or other legal entities which are under the control of the same natural person(s), shall be an indication of indirect beneficial ownership.

Ultimately, it is a natural person(s) who must be identified and entered on the Register as the beneficial owner(s) of the entity, irrespective of how many layers of ownership exist.

If, after having exhausted all possible means and provided there are no grounds for suspicion, no natural person is identified as a beneficial owner, or if there is any doubt that the person(s) identified are the beneficial owner(s), the natural person(s) who hold the position of Senior Managing Official(s) shall be recorded on the Register as the beneficial owner.

Senior Managing Official is defined in S.I. 110 of 2019 which states that it “includes a director and a chief executive officer”. Accordingly, the Central Bank expects that when recording Senior Managing Officials it includes at a minimum a Director and Manager/CEO, and would expect that the Chairperson is included among Directors recorded. It is ultimately a matter for a CFV to interpret this requirement and record additional senior management or directors as Senior Managing Officials as they see fit.

Unit Trusts:

In respect of Unit Trusts, the definition of beneficial owner is set out in Regulation 4 of S.I. 233 of 2020. By virtue of the definition, the following applies:

1. A natural person must be identified in accordance with limbs (a) or (b) of the definition.
2. The trustee/settlor whether they are a natural person, or a corporate entity must also be identified.

In respect of limb (b) of the definition, a natural person must be registered who exercises “ultimate control over the entity by means of direct or indirect ownership or by other means”. Ultimately, it is a matter for each party to determine who this is but may be a person in the trustee or management company who, in respect of the unit trust, exercises such a role. For example, the most senior PCF in the trustee firm or management company.

**\*Further information regarding Beneficial Owners can be found at [www.centralbank.ie](http://www.centralbank.ie)**

## MAIN ACCOUNT DETAILS:

**UNINCORPORATED ENTITY NAME:** \_\_\_\_\_

### Unincorporated Entity Address

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

County: \_\_\_\_\_

Eircode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Details: \_\_\_\_\_

### Correspondence Address (If different from Unincorporated Entity address)

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

County: \_\_\_\_\_

Eircode: \_\_\_\_\_

### Contact Person

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Financial Details

Source of Funding/Source of Wealth for the Account: \_\_\_\_\_

Activity of the Unincorporated Entity: \_\_\_\_\_

Estimated Annual Turnover of the Account: \_\_\_\_\_

Charity Status Number (if applicable): \_\_\_\_\_

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 BENEFICIAL OWNERS

**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 – Please see Information sheet for full details.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Eircode: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Eircode: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Eircode: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Eircode: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Eircode: \_\_\_\_\_

Position: \_\_\_\_\_

**\*If you have more than 5 Beneficial Owners, please request an extra details page.**



### AUTHORISED SIGNATORIES (MARK AS APPROPRIATE)

On the signature(s) of: Any Two,  Any Three,  or All  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: \_\_\_\_\_

**\*If you have more than 5 Signatories, please request an extra details page.**





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

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

**CHAIRPERSON (OR EQUIVALENT):**

Full Name (including middle name): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Position: Chairperson \_\_\_\_\_

Contact Number: \_\_\_\_\_

<sup>1</sup> 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:** \_\_\_\_\_

<sup>2</sup> 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.

<sup>3</sup> Are you a Signatory on the account?

Yes  No

<sup>4</sup> Are you a beneficial owner of the funds in the account?

Yes  No

**Signature:** \_\_\_\_\_





**SECRETARY:**

Full Name (including middle name): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Position: Secretary \_\_\_\_\_

Contact Number: \_\_\_\_\_

**<sup>1</sup> 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:** \_\_\_\_\_

**<sup>2</sup> Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (MoneyLaundering and Terrorist Financing) Act 2010?**

Yes  No

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

**<sup>3</sup> Are you a Signatory on the account?**

Yes  No

**<sup>4</sup> Are you a beneficial owner of the funds in the account?**

Yes  No

**Signature:** \_\_\_\_\_

**BENEFICIAL OWNER/SIGNATORY:**

Full Name (including middle name): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Number: \_\_\_\_\_

<sup>1</sup> 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:** \_\_\_\_\_

<sup>2</sup> Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (MoneyLaundering and Terrorist Financing) Act 2010?

Yes  No

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

<sup>3</sup> Are you a Signatory on the account?

Yes  No

<sup>4</sup> Are you a beneficial owner of the funds in the account?

Yes  No

**Signature:** \_\_\_\_\_

**BENEFICIAL OWNER/SIGNATORY:**

Full Name (including middle name): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**<sup>1</sup> 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:** \_\_\_\_\_

**<sup>2</sup> Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (MoneyLaundering and Terrorist Financing) Act 2010?**

Yes  No

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

**<sup>3</sup> Are you a Signatory on the account?**

Yes  No

**<sup>4</sup> Are you a beneficial owner of the funds in the account?**

Yes  No

**Signature:** \_\_\_\_\_

**BENEFICIAL OWNER/SIGNATORY:**

Full Name (including middle name): \_\_\_\_\_

Home Address: \_\_\_\_\_

Eircode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**<sup>1</sup> 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:** \_\_\_\_\_

**<sup>2</sup> 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.

**<sup>3</sup> Are you a Signatory on the account?**

Yes       No

**<sup>4</sup> Are you a beneficial owner of the funds in the account?**

Yes       No

**Signature:** \_\_\_\_\_

**\*If you have any additional Beneficial Owners/Signatories, please request extra pages.**

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:

### 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 as signatories 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, where upon the application shall be resubmitted with new officer details, and 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.

**\*Minutes of this meeting showing the election of officers and signatories to the account are required along with this application form.**

**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).

**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

**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: _____





### 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 100,000 (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:	7 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: 0818 681 681 Email: <a href="mailto:info@depositguarantee.ie">info@depositguarantee.ie</a>
More information:	<a href="http://www.depositguarantee.ie">www.depositguarantee.ie</a>

### (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 a maximum of €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 the 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](http://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: 0818 681 681.  
Email: [info@depositguarantee.ie](mailto:info@depositguarantee.ie). Website: [www.depositguarantee.ie](http://www.depositguarantee.ie).

It will repay your eligible deposits (up to €100,000) within 7 working days, 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 based on 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.