

TO OPEN AN ACCOUNT, YOU WILL NEED THE FOLLOWING:

- Photo ID:** (valid passport or driver's license)
- Proof of Address:** (bank statement or utility bill in your name - issued within the last 6 months)
- Proof of PPS Number:** (payslip, letter from official source, medical card, E111 card etc)
- Tax Resident in Another Country:** provide Tax Identification Number (TIN) and Country of Tax Residence
- Employed in the Area:** (evidence of employment, e.g., recent payslip/ note on headed company paper)

Please complete in BLOCK CAPITALS and bring to any of our branches with your original identification documents		Account Number (Office use only)	
Title (Mr. Mrs, Miss etc)		Employer Name	
First Name		Place of Employment	
Surname		Residence	
Date of Birth		(Owned, rented, living with family)	
Sex Male/Female		Address	
Marital Status			
Maiden Name			
Telephone - Mobile		Eircode	
Suitable Contact Time:		Previous Address (Please state if less than five years at the above address)	
Email Address			
Nationality		Years at this address	
Country of Birth		Telephone - Home	
Country of Residence		Existing Life CU Account Number	
Employment Status		Source of wealth (e.g. salary/wages, accumulated savings, inheritance)	
Part Time /Full Time -Hours worked -		Source of funds (e.g. salary/ wages, pension, rent)	
Employment Position			

Have you been a member of any other credit union? If so, please list:

Acknowledgement of use and disclosure of my 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 understand that the personal data collected in this form will be processed for the purpose of administering my account in Life Credit Union. I note that the data disclosed may include personal data and special category data within the meaning of the GDPR. I 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 consent, any information that concerns an account or transaction of mine with the Credit Union.

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

- (i) the Credit Union may disclose any information in my application or in respect of any account or transaction of mine 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, either contained in this form or any other form or application, for the purpose of assessing this application, and administering any accounts I maintain with the credit union.

The information given by me on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information given by me in connection with my application for or my membership with the credit union may result in termination of my 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.

I 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"

Applicant's Signature: _____

Applicant's Name Printed: _____

Date: _____

Office Use Only
Signature Verified by: _____
Date: _____



TAX RESIDENCY FOR THE PURPOSES OF THE COMMON REPORTING STANDARD

If you are tax resident in another country, please provide your Tax Identification Number (“TIN”) and Country of Tax Residence:

1. TIN*																				
Country of Tax Residence*																				
2. TIN*																				
Country of Tax Residence*																				

I confirm that the information provided is true and correct to the best of my knowledge, and that if my circumstances change, I will notify the credit union:

Applicant’s Signature _____

Applicant’s Printed Name _____

Date _____

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:

Applicant’s Signature _____

Applicant’s Printed Name _____

Date _____

* *Mandatory Field*

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



SUPPLEMENTARY MEMBERSHIP APPLICATION INFORMATION

All Credit Unions are obliged to comply with the legislation that Government has enacted to combat money laundering and the financing of terrorism. This legislation is called the 'Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 and the Criminal Justice Act 2013.

In accordance with this legislation, we are required to obtain answers from all our members to the following questions. We should be grateful if you would tick the relevant boxes on this form. The explanation of the terminology used is given at the back of the form.

Please Tick the relevant box to answer the following questions:

1. 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.

Note: 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.

2. Are you the beneficial owner of the funds in your shares/deposit account?

Yes No

If the Answer is 'No', please explain why here:

I will promptly notify the Credit Union of any changes in the information which I have provided and confirm that I will inform the Credit Union in writing of the details of such changes and any other relevant/material information of which I may become aware of at any time after the date of this declaration.

Applicant's Signature _____

Applicant's Printed Name _____

Date _____

The reason I am opening an account is to avail of current and future services of Life credit union such as Savings, Loans, Overdraft & ATM cards.

Applicant's Signature _____



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- Tax Resident in Another Country:** provide Tax Identification Number (TIN) and Country of Tax Residence
- Employed in the Area:** (evidence of employment, e.g., recent payslip/ note on headed company paper)

Please complete in BLOCK CAPITALS and bring to any of our branches with your original identification documents		Account Number (Office use only)	
Title (Mr. Mrs, Miss etc)		Employer Name	
First Name		Place of Employment	
Surname		Residence	
Date of Birth		(Owned, rented, living with family)	
Sex Male/Female		Address	
Marital Status			
Maiden Name			
Telephone - Mobile		Eircode	
Suitable Contact Time:		Previous Address (Please state if less than five years at the above address)	
Email Address			
Nationality		Years at this address	
Country of Birth		Telephone - Home	
Country of Residence		Existing Life CU Account Number	
Employment Status		Source of wealth (e.g. salary/ wages, accumulated savings, inheritance)	
Part Time /Full Time -Hours worked -		Source of funds (e.g. salary/ wages, pension, rent)	
Employment Position			

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

- (i) the Credit Union may disclose any information in my application or in respect of any account or transaction of mine 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, either contained in this form or any other form or application, for the purpose of assessing this application, and administering any accounts I maintain with the credit union.

The information given by me on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information given by me in connection with my application for or my membership with the credit union may result in termination of my 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.

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Applicant's Signature: _____

Applicant's Name Printed: _____

Date: _____

Office Use Only Signature Verified by: _____
Date: _____



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1. TIN*																			
Country of Tax Residence*																			
2. TIN*																			
Country of Tax Residence*																			

I confirm that the information provided is true and correct to the best of my knowledge, and that if my circumstances change, I will notify the credit union:

Applicant's Signature _____

Applicant's Printed Name _____

Date _____

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:

Applicant's Signature _____

Applicant's Printed Name _____

Date _____

* *Mandatory Field*

***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.*

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In accordance with this legislation, we are required to obtain answers from all our members to the following questions. We should be grateful if you would tick the relevant boxes on this form. The explanation of the terminology used is given at the back of the form.

Please Tick the relevant box to answer the following questions:

1. 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.

Note: 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.

2. Are you the beneficial owner of the funds in your shares/deposit account?

Yes No

If the Answer is 'No', please explain why here:

I will promptly notify the Credit Union of any changes in the information which I have provided and confirm that I will inform the Credit Union in writing of the details of such changes and any other relevant/material information of which I may become aware of at any time after the date of this declaration.

Applicant's Signature _____

Applicant's Printed Name _____

Date _____

The reason I am opening an account is to avail of current and future services of Life credit union such as Savings, Loans, Overdraft & ATM cards.

Applicant's Signature _____

Joint Membership

In the event of more than two persons making an application for a joint tenancy all must sign the application and provide the above details.

We, the undersigned, hereby apply for membership of and agree to abide by the rules of the above credit union, and declare that neither of us is, or has been, a member of any other credit union other than those listed as follows:

.....
 All shares and deposits in the credit union will be held jointly by us. On the death of a joint tenant, all his/her interest in the joint tenancy including all accruals, additions thereto and insurances shall become the property of the surviving tenant(s). The information given by us on this form is true and correct to the best of our knowledge and belief. We understand that any false or misleading information given by us in connection with our application for our membership with the credit union may result in termination of our membership, apart from any other legal sanctions that may apply.

The person responsible for:

(a) the operation of the account, and the only person entitled to obtain a loan or loans thereon ("the authorised tenant")

is

(b) voting in respect of the account ("the voting tenant") is

We (and each of us) confirm that the authorised tenant(s) is authorised by us and by each of us to create a charge or other security over all the shares, deposits, insurances, interest, and dividends (including interest and dividends due), at any time in this account, in respect of borrowings by the authorised tenant(s) by reference to this account.

Consent to disclosure

Consent to use and disclosure/Data Protection Acts, 1988 and 2003 and Section 71 of the Credit Union Act, 1997

We, the joint tenants, understand that under the Data Protection Acts, 1988 and 2003, our consent may be required for the credit union to process data that it may have in its possession concerning us to third parties. 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 our consent, any information that concerns our accounts or transaction of mine with the credit union.

For the purpose of assessing any loan applications which the authorised tenant may make to you and generally for monitoring a loan account if granted and any loan the authorised tenant may have from time to time with you, we consent:

- (i) to you seeking information concerning applications for loans and the credit history from any credit union affiliated to the Irish League of Credit Unions ("the League") and from any credit reference bureau or agency operated or arranged by the League and for that purpose you may disclose any information in any loan application which authorised tenant may mail to you or which you may have concerning us to any such credit union or to any credit reference bureau or agency; and
- (ii) to any credit union affiliated with to the League or any credit reference bureau or agency operated or arranged by the League disclosing information to you concerning applications for loans and our credit history with any such credit union or otherwise.

Signed: (1) **Date:**

Signed: (2) **Date:**

The tenant(s) authorised to operate the account (other than with respect to loans) are as follows:
N.B., we agree that both parties must sign loan applications/credit agreements at all times.

Option 1 - both tenants must sign for a withdrawal

Option 2 – either tenant can sign for a withdrawal

Option 3 – only tenant Sign: _____ can sign for a withdrawal

We hereby agree that this mandate shall remain in full force and effect until an amending mandate shall be communicated in writing to the credit union under our joint account and that both parties must sign loan applications/agreements at all times.

Signed: (1) **Date:**

Signed: (2) **Date:**



ACCOUNT USAGE	
What will this account be used for?	
Where will the money be coming from to fund this account?	
How often will you be lodging to this account?	
What is your estimated monthly lodgement?	
What % will be in cash?	
Will your income be mandated? If so, how much?	
Will this be your main current account for everyday banking?	
Statement Preference: *Y = E-Statement N = Postal Statement	

ANTI-MONEY LAUNDERING, TERRORISM, FATCA, CR LEGISLATION	Applicant 1	Applicant 2
How have you accumulated your overall wealth?		
Do you intend making any external lump sum lodgements to this account in the next 12 months?		
If yes, please indicate how much the lump sum lodgements would be?		
What is the source of these funds?		
Do you intend to transact with any countries outside of the following areas: EU, Liechtenstein, Iceland, Norway, North America, or Australia/New Zealand?		
Are you a US Citizen?		

DECLARATIONS AND CONSENTS	
<p>I / We hereby apply for a Current Account in my / our names. I / We acknowledge that I / We have read and accept the Current Account and Debit Card Terms & Conditions (incorporating Distance Marketing Information for Current Accounts) and the Current Account Schedule of Fees & Charges copies of which are available from the Credit Union website and offices. I / We acknowledge that I / We have read the Deposit Guarantee Scheme – Depositor Information Sheet. I / We confirm that the information provided by me / us on this form is complete and correct to the best of my / our knowledge and belief, and that if circumstances change, I / we will notify the Credit Union</p>	
Applicant's Signature 1: Print Name: Date:	Applicant's Signature 2 Print Name: Date:

PRIVACY NOTICE
<p>The details provided in this application form, together with any other information that is furnished to us in connection with this application will be retained and processed by Life Credit Union in accordance with the Privacy Notice which is available on our website at https://www.lifecu.ie/ and in any of our offices.</p>



PERSONAL INFORMATION

Members Number:
Current Account No:

DECLARATION & CONSENTS

I / We hereby apply for a Mastercard® Debit Card in my / our names.

I / We acknowledge that I / We have read and accept the Current Account and Debit Card Terms & Conditions (incorporating Distance Marketing Information for Current Accounts) and the Current Account Schedule of Fees & Charges copies of which are available from the Credit Union website and offices.

I / We confirm that the information provided by me / us on this form is complete and correct to the best of my / our knowledge and belief, and that if circumstances change, I / we will notify the Credit Union.

Debit Card Required (Tick Box) Applicant 1 Applicant 2

Applicant 1 Signature: _____ Date: _____

Applicant 2 Signature: _____ Date: _____

Your Debit Card and Personal Identification Number (PIN) will be forwarded separately within 10 business days of approval. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. The Debit Card is issued by Transact Payments Limited pursuant to licence by Mastercard International. Transact Payments Limited is authorised and regulated by the Gibraltar Financial Services Commission.

Application approved and details verified in accordance with the standard rules by:

Signed:
(Credit Union Staff Member Signature)

Date:



EXPLANATION OF TERMS USED OVERLEAF

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 purpose s 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'.

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.