

The provision of Source of Funds information is a regulatory requirement under Anti-Money Laundering legislation.

This Source of Funds Declaration Form must be completed in full for new business applications and endorsements /alterations paid to Acorn Life. The Source of Funds Declaration Form applies to the following types of payments:

- Third Party Cheque/Direct Debit
- Third Party Credit Transfer (CT) / Electronic Funds Transfer (EFT)
- Third Party Postal Order / Bank Draft

Third party payments cannot be accepted for Savings/Investment and pension policies.

Please ensure **Section A** (Policy Owner Details), **Section B** (Source of Funds), and **Section C** (Declaration) are completed for each Policy Owner (where applicable).

Anti-Money Laundering (AML) documentation is required for the 3rd party payor in the form of Proof of Identity (copy of an in-date Passport or Driver's License or current National ID Card) and a copy of Proof of Address (dated within the last 6 months). More information is available on the Customer Support page of our website, www.acornlife.ie.

Evidence of Source of Funds (i.e. recent copy of a bank statement (electronic or hard copy)) is required for all 3rd party payments.

Acorn Life reserves the right, in all cases, and its discretion to request further information, documentation and/or evidence of the Source of Funds.

SECTION A – POLICY HOLDER DETAILS

Application
No. _____

Policy No. _____

First Policy Owner

Second Policy Owner

Name(s) _____

Name(s) _____

Occupation _____

Occupation _____

3rd Party
Payor Name _____

3rd Party
Payor Name _____

Nature of
Relationship _____

Nature of
Relationship _____

SECTION B – SOURCE OF FUNDS *(Each person paying some or all of the premium or payment must complete this section)*

First Policy Owner

Second Policy Owner

Payment by ☐ 3rd Party CT/EFT
☐ 3rd Party Cheque / Direct Debit
☐ 3rd Party Postal Order / Bank Draft

Payment by ☐ 3rd Party CT/EFT
☐ 3rd Party Cheque / Direct Debit
☐ 3rd Party Postal Order / Bank Draft

Account Holder Name _____

Account Holder Name _____

Name & Address
of Bank/Building
Society/Credit
Union/Other

Name & Address
of Bank/Building
Society/Credit
Union/Other

IBAN _____

IBAN _____

**The details of the bank account from which the funds were withdrawn must be included*

SECTION C - DECLARATION

I confirm that the details provided to Acorn Life and its agents as part of this form are true and complete and I acknowledge that these details will form the basis of the contract with Acorn Life.

Signature of Policy Owner(s)

First Policy Owner _____ **Date** _____

Second Policy Owner _____ **Date** _____