

Request for Payment of Dividends "Mandate"

Please complete in BLOCK CAPITALS using black ink and return in accordance with the instructions overleaf.

A	Name of Company in which shares are held	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	Shareholder Reference Number (if known)
		Irish Life & Permanent plc.	

B	Full name and address of the first named holder (see note 1 below)	Name _____ Address _____ _____ _____	Account Designation (if any)
			Daytime Telephone Number

C	Full name(s) of any other holders (Including Deceased if applicable)	Name _____	Name _____
		Name _____	Deceased (if applicable)

D	Signatures This form must be signed by ALL the registered holders, executors and administrators	Signature (1) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Signature (3) <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Signature (2) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Signature (4) <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
		When completed on behalf of a corporate body, each signatory should state the representative capacity e.g. Company Secretary, Director.	
			Date <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>

Please forward, until further notice, all cash dividends that may from time to time become due to me/us in respect of all shares in Irish Life & Permanent plc (the "Company") registered in the account overleaf, now or in the future, to my/our bank account specified below or to such other branch of that bank as may be notified to the Company by that bank from time to time. I/We acknowledge that compliance with this instruction shall be a good discharge to the Company.

E	Name of Bank, Building Society or person	
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F	Full address, including postcode	
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Notes:

1. Where shares are in the name of a deceased holder, instructions signed by the executor(s) should indicate the name of the deceased.
2. Payment in accordance with these instructions discharges the Company and Registrar from any further liability.
3. The Registrar reserves the right to require additional confirmation of the signature.

Branch sort code

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Account Number

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Building Society Reference or Roll Number (if applicable)

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G	Stamp of Bank/Building Society	If the holder is a corporate body the stamp of the bank or Building society is required. For personal shareholders the Stamp is required where payment is being made other than to the sole or first named holder. The branch stamp is Required to confirm that the signature(s) in box D is that of The shareholder(s) or an authorised signatory.	<div style="border: 1px dashed black; width: 100%; height: 50px;"></div>
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