

# RETIRED MEMBERSHIP APPLICATION FORM

(PLEASE USE BLOCK CAPITALS) Please note incomplete forms will be returned



The  
Insurance  
Institute

## Personal Details

Salutation Mr/ Ms/ Mrs/

First Name

Surname

Maiden Name

Date of Birth

Gender  Male  Female

Home Address

Telephone

Mobile

Email Address 1

## Local Institute

As a member of The Insurance Institute you will automatically become a member of a Local Institute. This ensures you are only notified of events taking place in the area serviced by your Local Institute. Please choose the Local Institute most suitable to you.

Please choose your Local Institute\*

Cork  Dublin  Galway  Limerick  Sligo

\*If you leave this section blank you will be allocated a Local Institute on the basis of your home address. You can change this preference at any time by accessing your record online or by contacting the Institute.

## Retired Membership of the Insurance Institute

This category of membership is available to individuals who are already a member but wish to change their membership category and to former members and individuals who have left the industry. Applicants must no longer be working in the industry and/or offering products and services to the public. Any Institute designations (either Insurance Institute or Chartered Insurance Institute) must be surrendered and cannot be utilised once retired membership is granted.

If you are/were a member of the CII, please state your CII Pin No.

CII

## Retired Member Benefits

As a retired member of the Insurance Institute, you have access to our Local Institute:

- CPD face-to-face lecture series to help keep you informed on matters of interest
- Social networking events to help you stay in touch with former colleagues and friends
- Read the online copies of our member publication The Insider
- Stay fully informed by receiving communications tailored for your Local Institute area as well as national events
- Dual CII/III retired members will also receive copies of the CII Journal from the CII.

## Payment Details

Payment Method  Cash/Cheque/PO  Credit/Debit Card

Amount €  (from the date of application up to December 31)

Cheque/ PO Number  (Please cross your payment and make payable to 'The Insurance Institute')

Credit / Debit Card  Laser  Mastercard  Visa  Amex

Number

Name

Expiry Date  /  CVV (Last 3 digits on reverse of card)

Contact Details

Po Number (if applicable)

## Terms and Conditions

### Please read though these Terms & Conditions before signing the declarations

Once admitted as a member of The Insurance Institute ("the Institute"), I agree to abide by its Terms & Conditions, Code of Ethics & Conduct ([www.iii.ie/about/code-of-ethics](http://www.iii.ie/about/code-of-ethics)), Rules and Regulations, Memorandum & Articles of Association and the Constitution of the relevant Local Institute of my choice or as allocated.

### Local Institutes

By registering for membership of the Institute you are also registering to become a member of a Local Institute (Cork, Dublin, Galway, Limerick or Sligo), as indicated by your choice of Local Institute on the membership form or as allocated to you on the basis of your home address. You can change this preference by accessing your record online or by contacting the Institute. You understand the importance of this preference as it is used to ensure that you receive appropriate details of services, which are available at Local Institute level.

### Designation Status & CPD

I hereby agree that by holding retired membership of the Insurance Institute, I am not entitled to hold any Institute designation nor am I allowed to offer advice, and/or sell

insurance products and services to the public.

In the event that I wish to have my Institute designation reinstated, I will comply with all the requirements of same.

I understand and agree that by holding retired membership of the Insurance Institute, I will receive notices of activities, events and services being offered in my Local Institute area.

I hereby agree that as a condition of my Retired Membership status of the Institute, I will ensure to keep my personal data up to date and should I wish to cancel my membership at any time, I will inform the Institute of my decision in this regard.

### Data Protection & Privacy

I understand that:

- The Insurance Institute respects the right to privacy of members.
- The information provided by me on this form and generated as a result of my membership of the Institute will be processed in line with Data Protection legislation and the Institute's Data Protection Policy available at [www.iii.ie/about/data-protection-and-privacy-policy](http://www.iii.ie/about/data-protection-and-privacy-policy).

