

Company to PRSA transfer – Additional Requirements from trustees / life office

Pensions New Business, Loc52
Irish Life Assurance plc
Lower Abbey Street
Dublin 1

Client Name: _____

Client Date of Birth: ____ / ____ / ____

Irish Life Reference number: _____

- 1) Name of the transferring scheme _____
- 2) Is this scheme defined contribution or defined benefit? DC ☐ DB ☐
- 3) How long has the individual been a member of this scheme (including years as a member of any other scheme related to this employer or any person connected with this employer)? _____ years
- 4) Have any benefits been paid to the member from this scheme? YES ☐ NO ☐
- 5) Are all the member's benefits being transferred, or is the transfer solely made of AVCs paid by the member? _____

(If solely AVCs then please contact us as additional information is needed)

Signed: _____ Date ____ / ____ / ____

Position: _____