

Personal Pension Transfer In Form

This form may only be used to facilitate a transfer of funds from a Personal Pension plan to another Personal Pension plan

For the most efficient application of funds to your customers plan, please ensure all relevant sections of this form are fully completed before submitting to our offices

Financial Adviser Details

Financial Adviser name

Financial Adviser code

Commission Profile -

Personal Details

Customer Name

Customer Address

Receiving Plan Number

Source of Funds - External Transfer

An existing Personal Pension Plan with another life office ☐

If so, please confirm the following:

Name of transferring life office:

Reference number(s):

Contact Details:

Do you require a willing and able letter to be issued? Yes ☐ No ☐

Name of transferring life office:

Reference number(s):

Contact Details:

Do you require a willing and able letter to be issued? Yes ☐ No ☐

Name of transferring life office:

Reference number(s):

Contact Details:

Do you require a willing and able letter to be issued? Yes ☐ No ☐

These Personal Pension plans are to be transferred to the receiving plan number:

Please note this section is in respect of the transfer in only and does not address the transferring life offices individual requirements. We recommend that you contact their offices directly to ensure a smooth transition of funds.

Source of Funds - Internal Transfer

An existing Irish Life, Canada Life or Progressive Life Personal Pension Plan ☐

Please confirm the transferring policy number(s):

These Personal Pension plans are to be transferred to the receiving plan number:

In order to proceed with an internal transfer of funds, please complete the Client Declaration on page two of this form.

Fund Choice

Note: If a lifestyling investment strategy is in operation on a plan, we will automatically invest funds in line with the chosen strategy.

I wish to invest the above outlined transfer value in my current, existing fund choice ☐

Or

I wish to invest the above outlined transfer value in the following fund choices:

Please ensure the percentages add up to 100%

<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

Please note that fund choice is in respect of the transfer value only.

Any changes to the customers current investment holding will require a separate instruction.

Please contact your Financial Adviser for a full list of funds available to you

Client Declaration to Irish Life

I declare that the answers to all the questions in this application form are in every respect true, and correctly reflect the intended investment in this contract. I hereby authorise Irish Life to apply the transferring funds to the receiving policy as specified above, in accordance with the policy conditions, and agree that this application form shall form part of my contract with Irish Life.

I confirm that I wish to transfer benefits held under my Personal Pension plan(s) numbered above, to my confirmed receiving Personal Pension. I understand that the transferring Personal Pension plan will cease with effect from the date of transfer and will be invested in the receiving Personal Pension with effect from the date of receipt of all requirements.



Client Signature

X

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please sign and date

Points to Note

Multiple Transfers:

Where transfers are being submitted from multiple sources or life offices, relevant funds will be applied and invested as and when received, unless we have been advised otherwise. This assumes that all transfer requirements have been received by Irish Life.

Self Invested Fund:

If contributions are to be invested in or disinvested from the Self Invested Fund, Irish Life will require a completed Investment Instruction Form

Existing Funds:

If the existing fund choice is to be changed, a separate and explicit instruction from the customer or trustee, where applicable, will be required. The above fund choice section, is in respect of the transfer value amount only.

Effective Date:

Funds will only be applied and invested with effect from the date of receipt of all requirements. It is important to ensure that all information is provided from the outset.

Additional Information:

Additional information may be required in respect of the transferring funds. Irish Life will request this information from the external life office, when sending "willing and able" confirmation. Please be advised that such required additional information will form part of the overall transfer requirements.



Irish Life