

## Appointing a PRSA provider

This is a contract between you and us, Irish Life Assurance plc, **FIELDS MARKED** WITH **MUST BE** under section 121 of the Pensions Act, 1990 as amended. **COMPLETED** Under this contract, you appoint us to provide Personal Retirement Savings Accounts (PRSAs) for you under section 121 of the Pensions Act, 1990 as amended. We are an approved PRSA provider and our products have been approved by the Pensions Excluded employees are: Board and Revenue Commissioners. All your employees You must give us, or those acting for us, reasonable access to excluded employees (as defined opposite), at the work place, for if you do not offer a the purpose of setting up standard PRSA contracts. You must also allow excluded employees reasonable paid leave (at a time pension scheme; or which fits in with the demands at work) so they can make arrangements to set up a standard PRSA. If you offer a pension You must set up a payroll deduction facility to allow us to collect excluded employees' contributions. We will not use the scheme, any employee direct debit instruction you gave us to make deductions from your bank account without first getting permission from you. The who is not eligible to ioin that scheme and employee does not have to pay his or her contribution through the payroll deduction facility. Contributions can be paid from who would not become the employee's personal bank account or by any other method agreed with us. eligible, under the rules Nothing in this contract prevents us (or anyone acting for us) from offering a PRSA other than a standard PRSA to excluded of the scheme, within six months of the employees. You must provide the same payroll deduction facility for other PRSAs. date he or she started We are not responsible for meeting any obligations you have under the Act to set up and manage PRSAs, including PRSAs that working for you. are not standard PRSAs. You or we may end this contract by giving the other at least two months' notice in writing. We can also end this contract immediately if you do not keep to your obligations under relevant law or any agreement between you and us. Please note: We will We have the right to alter this contract if this is necessary to keep to any new law. not make any changes to the deductions we Your address: take without first getting permission from your Name (IN BLOCK CAPITALS) of the person authorised to sign for you: payroll department. Job Title: Please tick ONE of the boxes below. Are you: 1 As appears on the company letterhead or If you tick either a or b, please give us your Employer Tax a. A company? as received from the b. A sole trader with a registered trading name? Reference Number Company Registration Office. c. An ordinary sole trader? If you tick c, d or e, please give us your Tax Reference 2 Number 🦠 As appears on P30. d. Self-employed? e. A state organisation? Signature of person duly authorised to sign for and on behalf of the employer: Date: Signature for and on behalf of Irish Life Assurance plc:

PLEASE ALSO COMPLETE THE SECTION OVERLEAF Do you expect to be requested by any employee to faciliate payroll deductions?

Gerry Hassett, Chief Executive Ireland Retail, Irish Life Assurance plc, Lower Abbey Street, Dublin 1.

Yes No

If yes, the information sections overleaf must be completed.

## FIELDS MARKED WITH MUST BE COMPLETED

SIGN

## Facilitation of payment of contributions via payroll deduction

Under the Pensions Act, 1990 as amended, the employer must notify excluded employees of their rights to contribute by means of salary/wage deduction. To help with the smooth running of this process, this section should also be completed by the employer. The deduction facility will apply to Standard PRSAs and to PRSAs other than Standard PRSAs. Person nominated to administer payroll deductions Title: Name: Phone: E-mail address: Address (if different from company): Preferred direct debit day Please indicate the day of the month on which you would prefer to have contributions debited from your Company bank account: The chosen day should be BEFORE the 20th of the relevant month. If no date is chosen, we will assume the 1st day of the month. Company information € Number of staff eligible for PRSAs? Average salary Weekly € Monthly Average salary Yes Does the employer intend to contribute? No Date agreed for PRSA staff presentation For financial adviser use only Adviser details Manager | Code | Area Phone no. (for publication to the employer) Address (for independent brokers only)





## **SEPA Direct Debit Mandate**

Debtor Address  Debtor Bank Identifier Code (BIC)  IBAN  (Account Number)  Type of payment  Recurrent  or  One Off Payment  Creditor's name and address  IRISH LIFE ASSURANCE PLC  LOWER ABBEY STREET  DUBLIN 1  By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.	UMR																											
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A 2059 (REV 03-14)

Please sign and date

