

Personal Retirement Bond

Trustee application form

Lower Abbey Street
Dublin 1 Ireland
T: 01 704 1848
F: 01 704 1905



Irish Life

Please complete every item on this form in BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing the application.

Financial Advisor Name

LARC Number

Seller Code

1. EMPLOYEE DETAILS

Title (Mr/Ms/etc)

First Name

Surname

Please use both the first name and surname in your employee records

Address

Please notify us of future changes in address so Irish Life always has the correct record

Phone Number

Email Address

Date of Birth

Male

Female

Marital Status

Married

Single

Widow(er)

Separated

Divorced

PPS Number

PPS Number should contain 7 digits and 1 or 2 letters

Spouse's Name

Spouse's Date of Birth

Date employment began

Date employment ended

(a) Salary at date of leaving

(b) Other earnings for last three years before leaving (e.g. bonuses, overtime)

(c) (20% directors only) Total earnings for each of the last three years before leaving

(d) Does the member and/or his/her dependants hold 5% or more of the equity and/or the voting control of the company?

yes

no

Note: The options available when leaving a pension plan depend on the rules of the plan. Please consult a financial advisor on these rules, as a Personal Retirement Bond may not always be the best option.

2. REVENUE COMMISSIONER DETAILS

Please tick the appropriate box for each of the following - if neither box is ticked, we assume the answer is 'no'

This information is required for the purpose of calculating Revenue Commissioners maximum limits. Failure to provide this information is a breach of Revenue rules and could result in Revenue Commissioners action regarding members benefits.

If you answer 'yes' to any of the questions, please give details in the Notes section at the end of this form.

(a) Was an approved pension plan taken out in connection with previous non-pensionable employment or while the member was self-employed?

yes

no

(b) Is the member and/or his/her dependant(s) entitled to benefits from another pension plan?

yes

no

(c) Has the member received any pension benefits, including a refund of previous contributions, on leaving any other employment?

yes

no

(d) Does the member and/or his/her dependant(s) hold 20% or more of the equity and/or the voting control of the company?

yes

no

(e) Has the employee irrevocably surrendered his/her right to take a tax-free lump sum in respect of some or all of his/her pension?

yes

no

(f) Does any of the transfer relate to benefits from more than one previous pension scheme?
If yes please fill in details in Notes.

yes

no

3. EMPLOYEE DECLARATION

I have read the information overleaf and I am satisfied that the information supplied is correct. I hereby authorise the Department of Social Community and Family Affairs to advise Irish Life of my most recent address on their records. I hereby authorise the Trustees of the

(hereinafter called the 'Plan') to transfer to an Irish Life Personal Retirement Bond the amount which in the opinion of the said Trustees represents the value of my benefits on withdrawal under the Plan. In consideration of the payment of such transfer value to an Irish Life Personal Retirement Bond, I hereby release the Trustees of the Plan from all liability to me and my dependants in respect of all benefits under the Plan with effect from the date of such transfer.

Employee Signature Date /

4. TRANSFER PAYMENT DETAILS

Employee	Employer	AVC	Total
€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

If the transfer relates to more than 1 employment please update the values for each employment in the notes section.

5. INVESTMENT OPTIONS

Please select an investment option by ticking the box at the left hand side of the chosen option.
If option 1 or 2 is selected, 100% of your Personal Retirement Bond will initially be invested in the Consensus Fund.
If option 3 or 4 is selected, the Personal Retirement Bond can be split between up to 5 funds. Please make sure the total percentages add up to 100%
Further information on the fund options is available on www.irishlife.ie/corporatebusiness/

You must choose **one and one only** of Options 1, 2, 3 or 4.

<input type="checkbox"/> Option 1	100% Consensus Lifestyle	Consensus Lifestyle invests in the Consensus Fund and then gradually moves into the Pension Protection Fund and the Capital Protection Fund* over the 5 years before Normal Retirement Age.	Office Use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
<input type="checkbox"/> Option 2	100% Individual Investment Service	Individual Investment Service invests in the Consensus Fund and then gradually moves into the Capital Protection Fund* over the 5 years before Normal Retirement Age.	Office Use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
<input type="checkbox"/> Option 3	One or more of the funds listed here	<table><thead><tr><th></th><th>Regular Contributions</th><th>Once-Off Contributions</th><th>Office Use</th></tr></thead><tbody><tr><td>Consensus Fund</td><td><input type="text"/><input type="text"/><input type="text"/> . <input type="text"/><input type="text"/> %</td><td><input type="text"/><input type="text"/><input type="text"/> . <input type="text"/><input type="text"/> %</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr><tr><td>Indexed Global Equity Fund</td><td><input type="text"/><input type="text"/><input type="text"/> . <input type="text"/><input type="text"/> %</td><td><input type="text"/><input type="text"/><input type="text"/> . <input type="text"/><input type="text"/> %</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input 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<input type="checkbox"/> Option 4	Another fund not listed	If you wish to choose a different fund, you must fill out a <i>Specialist Fund Choice Form</i> .																																	

If a spouse's pension on death after retirement is to be provided please specify the appropriate percentage of the member's pension before commutation.

. %

6. DETAILS OF PURCHASING SCHEME- To be completed by Trustees (or their authorised advisors)

Name of Purchasing Plan

Pensions Board Reference

Revenue Reference Number

Normal Retirement Age

Name(s) of Trustees:

1. 2.

3. 4.

Name of Employer

(a) Have the trustees split a transfer payment so that the transfer to the Irish Life Personal Retirement Bond is part of a larger transfer payment? yes ☐ no ☐
If yes please give details

(b) Can the Irish Life Personal Retirement Bond benefits be taken as a tax-free lump sum? The Revenue Commissioners require that when a transfer is split between bonds, only one of the bonds can be used to take tax free lump sum benefits. If you have more than one bond, please state which (if any) can be used to take the tax free lump sum benefit. yes ☐ no ☐

(c) Do the rules of the scheme allow the member to avail of the AMRF/ARF options? yes ☐ no ☐

(d) Do the rules of the scheme allow the member to avail of the AMRF/ARF options in relation to any Additional Voluntary Contributions made by him/her. yes ☐ no ☐

(e) Is there a Pension Adjustments Order (PAO) granted against the payment? (If yes, please give details overleaf). yes ☐ no ☐

Please Note: Question (c) only needs to be answered if the member is a 5% director.

Question (d) only needs to be answered if part of the transfer value relates to Additional Voluntary Contributions made by the member.

7. TRUSTEE DECLARATION

I/we declare that the information given in this form is complete and correct and request that a Personal Retirement Bond be issued in the name of the employee in accordance with the details set out above.

I/we confirm that:

- (i) the Purchasing Scheme is (or is intended to be) exempt approved for the purposes of the Taxes Consolidation Act 1997.
- (ii) the Plan documentation empowers the trustees to purchase the Personal Retirement Bond for the employee instead of the benefits for or in respect of the employee under the Plan.

I/we consent to any future endorsements that may be required to enable a switch between any versions under the policy even though such switches may not now be possible under the current terms of the policy.

I/we acknowledge that Irish Life Assurance plc will provide only the benefits purchased under these bonds and will accept no further responsibilities in relation to the member and his/her dependants.

I/we declare that the employee shall be entitled to request a transfer payment in accordance with the terms of the Personal Retirement Bond, to another scheme instead of the provision of benefits under the Personal Retirement Bond.

Duly authorised to sign for and on behalf of the Trustees

Name Print

Trustee Signature Date

8. DECLARATION UNDER REGULATION 6(3) OF THE LIFE ASSURANCE (PROVISION OF INFORMATION) REGULATIONS 2001

Only for transfers from another Life Office

Warning: If you propose to take out this policy in complete or partial replacement of an existing buy out bond, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or insurance intermediary.

Please complete this section by ticking the appropriate box:

This policy does not replace an existing buy out bond ☐

This policy does replace an existing buy out bond ☐

If this policy does replace an existing policy, please specify the policy number and insurer

Declaration of Intermediary/Insurer

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001,

(Employee name and address)

has been provided with the information specified in Schedule 1 to those regulations and that I have advised the client as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of Seller

X

Date

/ /

for

name of intermediary or insurer

Declaration of Client

I confirm that I have received in writing the information specified in the above declaration.

Employee Signature

X

Date

/ /

9. DATA PROTECTION NOTICE & EMPLOYEE DECLARATION

Data Protection Notices and Consents

1. The information that you provide to Irish Life Corporate Business will be held on a computer database and/or any other way and will be used to administer this contract/transaction and any other products and services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life Corporate Business.
2. You have the right of access to your personal data held by Irish Life Corporate Business by sending a written request and on payment of a small fee.
3. You also have the right to require Irish Life Corporate Business to correct any inaccuracies in the personal data that it holds about you.

I declare that I consent to the

- A. processing and holding (on computer or otherwise) of all information disclosed by me, or on my behalf, in relation to this contract/transaction by Irish Life Corporate Business, its servants and agents (together with such other information supplied or obtained by Irish Life Corporate Business separately) including sensitive personal data (being medical records and/or financial details) and holding or processing of the same for administrative, customer care and service purposes.
- B. disclosing of my personal data to persons necessary in connection with the above purposes, to regulatory authorities or as is required by law, to Irish Life Assurance plc ("the Company") and to other companies in the Company's group, to reinsurers, to health professionals and other insurance companies.

Employee Declaration

I declare that the answers to the above questions are in every respect true and complete and that this application and declaration shall form the basis of the contracts with Irish Life Assurance plc.

Employee Signature

X

Date

/ /

NOTES

Please use this area to provide extra information in relation to any of the questions in the application form. Please indicate which question the extra information relates to.

