



Buy Out Bond to Company Pension Transfer

Additional Information from Transferring Life Office

Return To:

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

Client Name

Client Date of Birth

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Irish Life Reference Number

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Employer Name		
Name of original pension scheme		
Total value of assets being transferred	€	
Value representing		
(a) Employer Contributions	€	
(b) Employee Contributions	€	
(c) AVCs	€	
Name and address of insurance company holding the assets:		
Date of Joining Service in original scheme		
Date of Leaving Service in original scheme		
Was member a 20% Director	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was member a 5% Director	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the total assets relating to this member being transferred?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Final Salary Details		
(For 20% Directors please provide remuneration details for at least 3 consecutive years ending not earlier than 10 years before the date of leaving service)		

Retirement Lump Sum Benefit Entitlement at retirement if value had remained in the transferring contract?	€
Has a Pension Adjustment Order (PAO) or other court order granting part of the benefit to the member's spouse been made on the benefits under the existing pension arrangement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes we may require additional information	

Did any of the transfer value paid by the trustees of the purchasing scheme relate to service with a previous employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, please provide the following details from the previous employment:

Name of Employer	
Name of Scheme	
Date of Joining Service	
Date of Leaving Service	
Final Salary Details	

I confirm the answers to all questions in this form are complete and correct.

Name

Signature

Insurance Company

Date / /



Irish Life