

# Company (occupational) Pension Schemes

## Retirement Claim Form

**Please complete all sections** (this claim form must be completed by the trustee of the scheme)

The following documents are required:

- ☐ Pension Choice Proposal Form - this is required if the member is taking out an Irish Life Annuity.
- ☐ Complete Solutions ARF/AMRF Proposal Form - This is required if the member is taking out an ARF or AMRF.
- ☐ Copy of the member's Birth Certificate or Passport

**If the member is opting for a joint life annuity for his/her spouse**

- ☐ Copy of the Spouse's Birth Certificate
- ☐ Copy of the Spouse's Marriage Certificate

**Note:**

Do you wish Irish Life to forward an illustration of the member's retirement options based on the information given in this document? ☐ Yes ☐ No

*If yes, you will need to provide further written confirmation of the member's chosen benefit*

*If no, we will pay out the benefits as illustrated in Section D*

### Section A: Member & Trustee details

Plan number(s):	<input type="text"/>	Employer name:	<input type="text"/>
Employee name:	<input type="text"/>	Scheme name:	<input type="text"/>
Home address:	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Trustee name:	<input type="text"/>
	<input type="text"/>	Trustee address:	<input type="text"/>
PPS number:	<input type="text"/>	Contact number for employee:	<input type="text"/>

### Section B: Service and Salary Details in Current Employment

1. Date employee joined employment  /  /
2. Date of retirement from employment  /  /
3. Does the employee alone, or together with his or her spouse and /or minor children, directly or indirectly own or control more than 5% or more than 20% of the voting rights of the employer?  
☐ Yes ☐ No (if answer is no, continue to B4 below)

**For proprietary directors salaries must be confirmed by P60 or accountant's letter.**

**Over 5%** ☐

Give your highest salary in one year of the last 5 years prior to retiring:

Year:  Salary:  €

**Over 20%** ☐

Give your 3 highest consecutive salaries in the last 10 years prior to retiring:

Year:  Salary:  €

Year:  Salary:  €

Year:  Salary:  €

4. If you have answered no to Question 3 above, please indicate your highest salary in one year of the last 5 years prior to retiring:

Year:  Salary:  €



**Irish Life**

## Section C: Previous Pension Entitlements

Does the member have any other pension plans or are they in receipt of any other pension benefits already?

☐ Yes ☐ No

If yes complete 1 and/or 2 below. If no, proceed to Section D.

### (i) Complete this section if the member is already in receipt of a pension benefit

State which type of pension the payment was made from: (i) Company pension (ii) AVC (iii) Personal pension/PRSA	Date when benefit started	Give the name of the source paying this benefit	Type of benefit			
			Tax-free lump sum paid	Current annuity per annum	Amount invested in AMRF/ARF	Cash lump sum paid, which was subject to tax

### (ii) Complete this section if the member has other pension plans that are still in force

State which type of pension the payment was made from: (i) Company pension subject to tax (iii) Personal pension/PRSA	Give the current value of your existing pension plan(s)	Give the name of the provider where the plan(s) is/are held.

## Section D: Choosing the member's Retirement Benefits \*

I wish to use my retirement fund to provide (please tick one option)

- ☐ Full pension with Irish Life:  
*Complete Pension Choice Annuity application form*
- ☐ Tax-free lump sum and reduced pension with Irish Life:  
*Complete E, H and Pension Choice Annuity application form*
- ☐ Tax-free lump sum and transfer funds to another insurance company  
*Complete E, F1 & H*
- ☐ Tax-free lump sum and move funds to Approved Retirement Funds with Irish Life *(for Proprietary Directors or AVC's only)*  
*Complete E, F2 & H*
- ☐ Tax-free lump sum and taxable cash options *(for Proprietary Directors or AVC's only)*  
*Complete E, F2 & H*

\* all benefits are subject to maximum Revenue limits

## Section E: Tax-Free Lump Sum

### E1 Payment of tax-free lump sum:

Indicate to whom tax-free lump sum cheque should be made payable: Member ☐ or Trustee ☐

Name and address to which cheque should be sent:

  
  

Authorised by:

*Trustee signature*

## Section F: Other Retirement Options

### F1 Transfer of balance of fund (if any) to another Insurer

Reason for transfer:

- (i) To buy a retirement annuity (pension) ☐
- (ii) Investment in an Approved Minimum Retirement Fund ☐ \* For Proprietary Directors or AVC's
- (iii) Investment in an Approved Retirement Fund ☐ \* For Proprietary Directors or AVC's

Name and address of Insurer/Qualifying Fund Manager:

  
  

Contact name:

\* Please advise if you wish us to transfer funds to more than one Insurer or Qualifying Fund Manager

### F2 Purchase of Approved Retirement Fund with Irish Life - only available if you are a Proprietary Director or AVC's

Approved Minimum Retirement Fund: €  complete AMRF/ARF application form  
*Amount to be invested*

Approved Retirement Fund: €  complete AMRF/ARF application form  
*Amount to be invested*

### F3 Option to take surplus fund (if any) in the form of taxable cash - only available if you are a Proprietary Director or AVC's

Amount of fund to be paid in the form of taxable cash? €

\* This amount will be paid to the member net of income tax

## SECTION G: Matrimonial Proceedings (judicial separation or divorce) under the Family Law Act 1995 & Family Law (Divorce) Act 1996 Pension Adjustment Order

Please confirm if a Notice to trustees has been received in respect of this member

☐ Yes ☐ No

Please confirm if a Pension Adjustment Order has been issued or is in the process of being issued in respect of pension benefits held on behalf of the above member.

☐ Yes ☐ No

If yes please provide a copy of the Pension Adjustment Order.

## SECTION H: Trustee Authorisation

I hereby declare that I, being the TRUSTEE of the scheme named above am legally entitled to claim the amount payable as indicated above.

Signature of Trustee:

Signature of witness:

Address:

  
  

Date:



**Irish Life**

Lower Abbey Street  
Dublin 1 Ireland  
Telephone 01 704 2000  
Fax 01 704 1900