

Transfer-in Application Form

Transfer into a Company Pension Plan with Irish Life

This form must be completed for all transfers into an Irish Life Retail occupational pension scheme

Funds may be transferred from

- Another Irish Occupational Pension Scheme (including self-administered schemes)
- An Irish Buy-Out Bond (or Personal Retirement Bond)
- An Irish PRSA (with restrictions)
- An overseas pension (with restrictions)

If the source of the transfer is:

1. Another Occupational Pension
2. Buy-Out Bond
3. PRSA
4. An overseas pension

This form should be completed by:

Trustee of the scheme
Insurance Company holding the assets
PRSA Provider holding the assets
Trustee, Custodian, Manager or
Administrator of the overseas pension
and the Member

Section 1 – Receiving Scheme and Member Details

Existing Irish Life occupational pension plan number: _____

Name of existing pension scheme: _____

Note: Transfers can only be made to an existing Revenue approved occupational pension scheme

Plan name (please tick):

Navigator	<input type="checkbox"/>
Retirement Account	<input type="checkbox"/>
Complete Solutions *	<input type="checkbox"/>
Other:	<input type="checkbox"/> Indicate: _____

**** Please note that transfers from the UK that require Qualifying Recognised Overseas Pension Scheme status can only be accepted into the Complete Solutions plan***

Please complete the details of the member to whom this transfer relates:

Name of member: _____

Date of Birth: _____

Has a Pension Adjustment Order (PAO) or other court order granting part of the benefits to the member's spouse been made on the benefits under the existing pension arrangement?

Yes ☐ No ☐

Section 2 – Source of Transfer

Please state the origin of transfer value. Tick as appropriate:

Is the transfer from:

- Another Irish Occupational Pension Scheme (including self-administered schemes) ☐
Please complete Section 3 & 4
- An Irish Buy-Out Bond (or Personal Retirement Bond) ☐
Please complete Section 3 & 5
- An Irish PRSA ☐
Please complete Section 3 & 6
- An overseas pension ☐
Please complete Section 3 & 7

Section 3 – Investment Choice

Fund choice for transfer amount: Current Investment Choice ☐ Yes
Or
Other fund (please state) _____ %
_____ %

Investment into the Secured Performance Fund may be restricted. Transfers out of the Secured Performance Fund or Capital Protection Fund may have a Market Value Adjustment applied. This would not be applied if you retire on the plan maturity date, or in certain other circumstances. More information is available from your financial adviser.

Choosing new funds may cause your full fund to move (e.g. your funds may be invested in an investment strategy currently)

Section 4 – Transfer from another Irish Occupational Pension Scheme

Total value of assets being transferred	€
Value representing	
(a) Employer Contributions	€
(b) Employee Contributions	€
(c) AVCs	€
Name of transferring pension scheme	
Name & address of trustee(s)	
Date of Joining Service	
Is member a 20% Director	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is member a 5% Director	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is scheme Revenue Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>
Revenue Reference Number	
Are the total assets relating to this member being transferred?	Yes <input type="checkbox"/> No <input type="checkbox"/> Must be answered Yes
Is the transfer from a self-administered scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does any of this transfer value relate to service with a previous employer? If Yes, please provide the following details from the previous employment: Date of Joining Service Date of Leaving Service Final Salary Details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the member left this employment, or left pensionable service in respect of this employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information required if the member has left service:

Date of Leaving Service	
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)	
Tax-free Lump Sum Benefit Entitlement at retirement if value had remained in the transferring	€

scheme?	
Are you satisfied that the member's benefits have not exceeded the limits set down by the Revenue Commissioners?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Trustee Declaration on behalf of transferring scheme

The member named on this application form wishes to transfer funds held under an approved occupational pension scheme into this occupational pension scheme. I confirm that the occupational pension scheme from which the assets are being transferred is an approved scheme under Finance Act 1972 or Chapter 1, Part 30 of the Taxes Consolidation Act 1997.

I declare that the answers to the above statements in section 4 are correct.

Signature: _____
(Trustee authorised to sign on behalf of the scheme transferring the assets)

Name: _____
(in block capital letters)

Date: _____

Section 5 - Transfer from Buy-Out Bond (Personal Retirement Bond)

Value of assets being transferred	€
Value representing (a) Employer Contributions (b) Employee Contributions (c) AVCs	€ € €
Name & 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 in original scheme (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)	
Tax Free Lump Sum Benefit Entitlement at retirement if value had remained in the transferring contract?	€
<p>Did any of the transfer value paid by the trustees of the purchasing scheme relate to service with a previous employer?</p> <p>If Yes, please provide the following details from the previous employment:</p> <p>Date of Joining Service</p> <p>Date of Leaving Service</p> <p>Final Salary Details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Insurance Company Declaration

The member named on this application form wishes to transfer funds held under an approved buy-out bond into this occupational pension scheme. I confirm that the bond from which the assets are being transferred is an approved scheme under Finance Act 1972 or Chapter 1, Part 30 of the Taxes Consolidation Act 1997.

I declare that the answers to the above statements in section 5 are correct.

Signature: _____
(Authorised to sign on behalf of the insurance company transferring the funds)

Name: _____
(in block capital letters)

Position : _____

Date: _____

Section 6 - Transfer from PRSA

Value of assets being transferred	€
Name & address of PRSA provider	
Is the transfer made up of Additional Voluntary PRSA Contributions (AVPCs)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes, please complete the following (a) Name of main scheme to which AVPCs are linked (b) Revenue reference number (c) Name and address of trustees of main scheme	
If the PRSA is made up of AVCs which are linked to a main scheme, then the proceeds of that scheme must also be transferred. Please confirm that the main scheme assets are being transferred also: (Section 4 above should also be completed by the Trustees of the main scheme)	Yes <input type="checkbox"/>

PRSA Provider Declaration

I confirm that the PRSA from which the assets are being transferred is an approved PRSA contract issued under Part X of the Pensions Act 1990 and Chapter 2A, Part 30 of the Taxes Consolidation Act 1997.

I declare that the answers to the above statements in section 6 are correct.

Signature: _____
 (authorised to sign on behalf of the PRSA provider transferring the funds)

Name: _____
 (block capital letters)

Position: _____

Date: _____

Section 7 - Transfer from a pension arrangement outside of the Republic of Ireland

To be completed by the Overseas Trustee, Custodian, Manager or Administrator

Value of assets being transferred	€
Country where pension arrangement was contracted	
Type of Pension Arrangement (a) An approved occupational pension scheme within that state (b) An approved personal pension contract within that state	<input type="checkbox"/> <input type="checkbox"/>
For transfers from an approved occupational pension scheme please confirm how much of the value represents (a) Employer Contributions (b) Employee Contributions	€

(c) Additional Voluntary Contributions	€ €
Name & address of Trustee, Custodian, Manager or Administrator	
Does the scheme or contract from which the transfer is being made allow this transfer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the appropriate regulatory authority in the state in which the original contract was set up approved the transfer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax-free Lump Sum Benefit Entitlement at retirement if value had remained in the transferring scheme or contract?	€ or %
Does this transfer require the receiving scheme to be registered as a QROPS with (UK) HM Revenue & Customs. <i>If yes, the receiving pension scheme must be a Complete Solution Scheme only</i> (This question is only required if the transfer is from a UK pension arrangement, or from a pension scheme which has UK tax-relieved contributions)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Trustee/ Administrator/ Custodian/ Manager/ Insurance Company Declaration

I confirm that arrangement from which the assets are being transferred is an approved pension arrangement in the country where it is set up.

I declare that the answers to the above statements in section 7 are correct.

Signature: _____

(Authorised to sign on behalf of the scheme/ insurance company transferring the funds)

Name: _____

(block capital letters)

Position : _____

Date: _____

Member declaration:

Are you resident in Ireland for tax purposes?

Yes ☐

No ☐

Note: The Revenue Commissioners has stated that we cannot accept a transfer value from an Overseas Pension Scheme unless you are resident in the Republic of Ireland (for tax purposes).

Which country were you resident in prior to becoming resident in the Republic of Ireland (for tax purposes)?

Date of ceasing to be resident in that country

Your current address (only required if you were previously resident in the UK)

- I wish to transfer the assets of my overseas pension arrangement to the approved Irish Life occupational pension plan identified in Section 1
- I agree to allow Irish Life Assurance plc obtain any information it regards as relevant from the trustee, administrator, custodian, manager or company, named above, in order to facilitate the transfer. I authorise that trustee, administrator, custodian, manager or company to give Irish Life any relevant information required.
- For transfers from the UK (or from a pension scheme which has UK tax-relieved contributions)
 - (i) I am aware that Irish Life may be required to give certain information to the (UK) HM Revenue & Customs where monies are paid out of my Irish Life pension plan. This will depend on the length of time I am resident in Ireland for tax purposes. The payment out includes any claim due to retirement, to death or if a transfer is requested to a non-QROPS pension scheme or to an approved retirement fund/approved minimum retirement fund. The data given to the HMRC will be used by them to assess and collect tax and duties owing, pay benefits, or to prevent and detect crime. It may be given to others outside HMRC where the law permits in order to carry out the above functions.
 - (ii) I understand that if any 'protected rights' fund is transferred or if the existing scheme offered guaranteed benefits, the receiving Irish scheme will not provide any such guarantees - the fund can fall as well as rise in value.
 - (iii) I am aware of the retirement options available under the Irish scheme and understand that they may be different to those offered in the UK scheme.
 - (iv) I am aware of the tax implications on drawing benefits under the Irish scheme.
- I declare that the answers to the above statements in Section 7 are correct.

Signature: _____
Member signature

Date: ____/____/____