

# Occupational Pension Transfer Out Form

Se	ction 1 - Membe	er and employment details		
Plan	number			
Mer	mber name			
Emp	oloyer name			
Date	e of withdrawal from scheme	d d / m m / y y y y		
Wit	ndrawal due to	Scheme wind up Member leaving service Change of provider		
If m	ember left service please conf	firm date dd/mm/yyyyy		
Plea	se confirm below where mem	nber is withdrawing from the scheme due to wind up or leaving service.		
Date	e of joining service	d d / m m / y y y y		
Curi	rent salary (for employees)	€		
Or				
If 20	% director, last 3 years salaries	€ Year		
		€ Year		
		€ Year		
		employment the receiving scheme is in respect of?  val Reference of the receiving scheme?		
	Is the receiving scheme a sn	nall self-administered scheme? Yes No		
	If you answer Yes to the above question we need a copy of the Revenue approval letter in order to proceed.			
	Or			
(B)	Transfer to a buy out bond/	personal retirement bond		
	Or			
,51				
> (C)	Transfer to a PRSA			
	Or			
> (D)	under the Pensions Act 19	ector. red more than 2 years in the pension scheme or is entitled to a statutory preserved benefit		
	Or			
<b>(E)</b>	Transfer to an Overseas Pen			
	Country where new scheme			
	Are you currently employed	I in that country? Yes( ) No( )		

apply to the transfer of AVCs. Further restrictions may apply.

Note: If the member chooses a refund of the value of their own contributions, standard rate tax must be deducted under Case IV of Schedule D from the refund. The value of employer contributions paid on the member's behalf

Note: Transfers to a PRSA will only be allowed where the member has been in the pension scheme for 15 years or less, the scheme is winding up or the member is changing employment. These restrictions do not

Note: The overseas transfer form must be completed by the member and receiving scheme in addition to this form.

will be refunded to the employer who should treat it as a trading receipt in the year of payment.

# Section 3 - Payment details The cheque will be drawn in the name of the insurance company/trustee/PRSA provider to which the transfer is being made. Name of insurance company Cheque payee Address to which cheque will be sent Receiving arrangement policy reference Contact name Section 4 - Pension Adjustment Order Has a notice to Trustees been received in connection with a judicial separation or divorce of this member? Yes No Has a Pension Adjustment Order been issued or is in the process of being issued in respect of pension benefits held on behalf of the above member? If this section is not completed, we will assume that a Notice to Trustees or a Pension Adjustment Order has not been issued on the pension plan.

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

Complete in all cases, unless you have appointed an independent company to act as trustee.

# **Section 5 - Trustee declaration**

# (Must be the trustee of the plan number being claimed)

I hereby declare that, I, being Trustee of the scheme, am legally entitled to claim the amount payable as indicated, cancelling all risk benefits from the date of withdrawal, where applicable. I confirm that the information provided above is correct and that where applicable the receiving scheme has been approved by the Revenue Commissioners/the receiving PRSA plan has been approved by the Revenue Commissioners and The Pensions Board.

I confirm that where the scheme does not already contain the appropriate rule, the scheme rules are hereby endorsed to allow the member to opt for the ARF/AMRF option in accordance with Section 772 of the Taxes Consolidation Act 1997, as amended.

If you have appointed an independent company to act as trustee then they must give their agreement before we can pay a transfer. Irish Life will arrange this by contacting the trustee on your behalf to let them know of your request.

### **Section 6 - Member declaration**

# (to be completed in all cases)

I hereby instruct the Trustees that, on cessation of my membership of the above numbered pension scheme (previous scheme) as noted this form, the benefits I would be entitled to thereunder will be transferred to the selected scheme/PRSA. I understand that no pension and/or life assurance benefits will be provided for me under the previous scheme with effect from the date of the transfer/refund. In consideration of the payment of an appropriate transfer to the selected scheme, PRB, or PRSA, I hereby release both the Trustees of the above named scheme and Irish Life Assurance plc for all liability of benefits thereunder with effect from the date of such transfer. I understand that payment of cash under Option D above means the forfeiture of all other retained benefits under the scheme.

Signature of member	X	
Name (CAPITAL LETTERS)		
Date	dd/mm/yyyy	

Irish Life