

**PRSA to Company Pension Transfer – Additional Requirements from PRSA
Provider**

Pensions New Business, Loc52
Irish Life Assurance plc
Lower Abbey Street
Dublin 1

Client Name: _____

Client Date of Birth: ____ / ____ / ____

Irish Life Reference number: _____

- 1) Is the transfer from an approved PRSA contract issued under Part X of the Pensions Act 1990 and Chapter 2A of Part 30 of the Taxes Consolidation Act 1997? YES ☐ NO ☐
- 2) Have any benefits been paid to the contributor from this PRSA plan? YES ☐ NO ☐
- 3) Has a Pension Adjustment Order been issued on pension benefits being transferred? YES ☐ NO ☐

If YES, please confirm if the amount being transferred relates to the member, or to the non-member spouse. _____

Further information may also be required on some transfers involving PAOs.

Signed: _____ Date ____ / ____ / ____

Position: _____