



Complete Solutions - Personal Retirement Savings Account (PRSA)

Data Capture Form

This form is used to capture information relating to your application that your financial adviser will transfer onto Irish Life's electronic system. This form is used in conjunction with Irish Life's Customer Application Booklet and will be retained by your financial adviser.

1. Product Selection

Please select which product you require.

Complete Solutions PRSA Standard plan ☐ Complete Solutions PRSA Options plan ☐

2. Eligibility (to be completed in all cases)

- Do you intend to use your PRSA for Additional Voluntary Contributions (AVC) to an occupational pension scheme? Yes ☐ No ☐
- Are you self-employed or a partner acting in some trade, profession or occupation? Yes ☐ No ☐
- Are you an employed person or the holder of an office of employment? Yes ☐ No ☐
- If so, is the occupation for which this pension plan applies non-pensionable ie. where you are not a member of an occupational pension scheme in your employment or you are included for life cover only? Yes ☐ No ☐
- Are you an Irish resident for tax purposes? Yes ☐ No ☐
- Please give policy number of any existing retirement contracts with Irish Life

Note

If you do intend to use this PRSA for AVCs please complete section 5.

If Question 3 is answered YES, please complete Section 4.

3. Personal Details

Title (Mr/Mrs/Ms)	<input type="text"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Names	<input type="text"/>	Last Name	<input type="text"/>	
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>			
Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
			Separated <input type="checkbox"/>	
Home Address	<input type="text"/> <input type="text"/>			
Previous surname	<input type="text"/>	(if any)		
Chosen Retirement Age	<input type="text"/>			
Precise Occupation	<input type="text"/>			
What is your precise occupation category?				
(A) SELF EMPLOYED	Agricultural <input type="checkbox"/>	Other self-employed <input type="checkbox"/>		
(B) AN EMPLOYEE	Managers, professional, technical & Administrative <input type="checkbox"/>	Personal & Protective Service <input type="checkbox"/>		
	Clerical & secretarial <input type="checkbox"/>	Sales <input type="checkbox"/>		
	Trades, Crafts & related <input type="checkbox"/>	Plant & Machine Operatives <input type="checkbox"/>		
	Other Employees <input type="checkbox"/>			

Note

You can choose an age between 60 and 75. However, if you use your PRSA for AVCs the chosen retirement date must be the same as your retirement date in your main scheme at work. Earlier retirement may be allowed in some instances. Please check the booklet for more information.

Note

Please describe your occupation in full.

(C) NOT ECONOMICALLY ACTIVE/ UNEMPLOYED ☐

Current level of earning or salary each year €

Contact Phone Numbers PREFIX NUMBER

Home

Mobile

Work

E-mail address

Personal Public Service No

Note

We require evidence of your Personal Public Service Number (PPSN) to ensure that we can fulfil our reporting requirements with the Pensions Board and the Revenue Commissioners.

4. Employer details

(to be completed only where Q.3 in Eligibility Section is answered YES)

Employer tax reference number

Name of employer

Address for correspondence

Employer contact name

PREFIX NUMBER

Employer contact phone number

Note

This section must be completed if you are an employee (PAYE worker), even if you are not paying through payroll deductions.

5. Additional Information if PRSA is being used for AVCs

(to be completed where Q.1 in Eligibility Section is answered YES)

1. Name of existing pension scheme

2. Do you on your own, or with your 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? No ☐ Yes over 5% ☐ Yes over 20% ☐

3. When did you start your current employment?

4. What is your employer's pension scheme normal retirement age?

5. Salary details

a. Basic salary €

b. Benefit in kind €

c. Bonuses (any other schedule E earnings) €

Type of occupational pension scheme

6. Is your existing scheme a defined contribution scheme? Yes ☐ No ☐

If yes please complete below and proceed to question 7.

a.) What is the current value of the pension fund? €

Do you have a copy of your most recent pension benefit statement which you can provide us to check the above?

Yes ☐ No ☐

If, no, please confirm you have obtained this current value recently from your employer/trustee

Yes ☐ No ☐

b.) How much is paid into the scheme?

Employer contribution € per

Employee and AVC contributions € per

7. Do you have other pension benefits from previous employments? Yes ☐ No ☐

If yes please complete question 8.

Note

For members of the Construction Workers Pension Scheme, please state when you joined this scheme if this was before you started with your current employer.

Note

Defined benefit

A defined benefit scheme provides a guaranteed pension at retirement e.g. 2/3rds of final salary.

Defined Contribution

The pension from a defined contribution scheme depends on the size of the accumulated fund at retirement.

Note

A paper application must be completed if you are in a defined benefit scheme.

Note

Irish Life cannot accept PRSA AVCs linked to Defined Benefit Schemes if your financial adviser is an employee or tied insurance agent of Irish Life.

8.

	Defined Benefit Company Scheme	Defined Contribution Company Scheme	AVC / PRSA AVC	Personal Pension / PRSA (including self-employed)
Normal Retirement Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Value		€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Members pension payable at NRA	€ <input type="text"/>			
Tax-free lump sum (if in addition to above)	€ <input type="text"/>			
Spouses pension % above	<input type="text"/> %			
Date you left the scheme	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Note

If YES, please ensure a Payroll Deduction Authority is completed by the employer and remitted with this application form. Where contributions are deducted from your salary, the effective date of your PRSA plan will be the month following the month of first payroll deduction.

Note

The contribution start date can only be between the 1st and 28th of the month.

Note

Contributions will increase in line with inflation or a rate set by Irish Life (at present 5% p.a.) whichever is higher.

Note

If you are using your PRSA for AVCs no employer contribution should be made.

Note 1**Default Investment Strategy (Annuity)**

Your funds will be invested in the Consensus Equity Fund until you are 15 years from your chosen retirement date. At that date your funds and future contributions will be invested in the Consensus Fund. When you are 5 years away from retirement we will gradually switch you into the Pension Protection Fund and the Cash Fund.

Note 2**Default Investment Strategy (ARF)**

Your funds will be invested in the Consensus Equity Fund until you are 15 years from your chosen retirement date. At that date your funds and future contributions will be invested in the Consensus Fund until your chosen retirement date.

Note 3**Annuity Lifestyle Option**

You must choose which funds you want to be invested in initially. 5 years before your chosen retirement date will be switched into the Consensus Fund. Over the 5 years you will gradually be switched into the Pension Protection Fund and Cash Fund.

Note 4**ARF Lifestyle Option**

You must choose which funds you want to be invested in initially. When you are 5 years from your chosen retirement date you will automatically be switched into the Consensus Fund until your chosen retirement date.

6. Contribution Details

	Employer	Employee /Self-employed
How much do you wish to invest	€ <input type="text"/>	€ <input type="text"/>
Will your employer deduct your own contributions from your salary before tax?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, on what date are your contributions to start	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Payment frequency (how often you wish to make payments)	<input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Do you want your contribution to increase in line with inflation? (At present, contribution indexation is not available for payroll deduction.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Employee/Self-employed	Employer
Lump sum contribution	€ <input type="text"/>	€ <input type="text"/>

7. Fund Options

What investment strategy do you want to follow? Please tick (1), (2), (3), (4) or (5) below

- I am funding for an annuity at retirement through the Default Investment Strategy (Annuity) ☐ See note (1)
- I am funding for an ARF at retirement through the Default Investment Strategy (ARF) ☐ See note (2)
- I am funding for an annuity at retirement through the Annuity Lifestyle Option
Please select funds from the panel below. ☐ See note (3)
- I am funding for an ARF at retirement through the ARF Lifestyle Option
Please select funds from the panel below. ☐ See note (4)
- I wish to choose my own selection of funds.
Please see Fund Guide or At a Glance for funds available. ☐

All regular and lump sum contributions will be invested in this way. If you would like regular contributions and lump sum contributions to be invested differently, how would you like lump sums to be invested?

Fund 1	<input type="text"/>	Fund 2	<input type="text"/>	Fund 3	<input type="text"/>	Fund 4	<input type="text"/>
	% <input type="text"/>		% <input type="text"/>		% <input type="text"/>		% <input type="text"/>

8. Confirmation of age and Personal Public Service Number

This section should be completed and sent to Irish Life along with the Complete Solutions PRSA CAB.

I CERTIFY THAT I HAVE VIEWED ONE OF THE FOLLOWING DOCUMENTS (AN ORIGINAL OR GOOD QUALITY COPY) AS:

(a) confirmation of date of birth, given above

Please tick one document and insert information as requested.

	Please tick	Country of origin document	Document ref. number	Date document was issued
Birth certificate	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If name has changed, marriage certificate or deed poll for change of name	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport (current)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver's licence (current)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Identity Card (current)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

and

(b) confirmation of PPS number, given above (the number must be referred to as either the PPS number or RSI number and must be in printed form - not hand-written)

Please tick one document

Pay-slip or pay counterfoil provided by customer's employer so long as the employer is identified by name or registration number	<input type="checkbox"/>
PAYE notice of determination of tax credits and standard rate cut-off point (this document is issued by Revenue to all employees)	<input type="checkbox"/>
Social Welfare Services Card	<input type="checkbox"/>
Pension Book	<input type="checkbox"/>
P60 issued by an employer so long as the employer is identified by name or registration number	<input type="checkbox"/>
An item of previous correspondence from the Department of Social and Family Affairs giving PPSN or RSI number	<input type="checkbox"/>
An income tax return form issued by an inspector of taxes, provided it bears the customer's name and PPSN or RSI number	<input type="checkbox"/>
P45 issued by an employer so long as the employer is identified by name or registration number	<input type="checkbox"/>
Notice of assessment to income tax or capital gains tax issued by an inspector of taxes (giving number)	<input type="checkbox"/>
Notice of amended assessment to income tax or capital gains tax issued by an inspectors of taxes (giving number)	<input type="checkbox"/>
P21 Balancing Statement issued by the Inspector of Taxes	<input type="checkbox"/>
An item of previous correspondence from the Revenue Commissioners or the inspector of taxes, relating to the individual's personal income tax affairs which refers to number	<input type="checkbox"/>

Signature of adviser:

Date:



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