


Appointing a PRSA provider

FIELDS MARKED WITH  **MUST** BE COMPLETED

This is a contract between you,  and us, Irish Life Assurance plc, under section 121 of the Pensions Act, 1990 as amended.

Under this contract, you appoint us to provide Personal Retirement Savings Accounts (PRSAs) for you under section 121 of the Pensions Act, 1990 as amended. We are an approved PRSA provider and our products have been approved by the Pensions Board and Revenue Commissioners.


You must give us, or those acting for us, reasonable access to excluded employees (as defined opposite), at the work place, for the purpose of setting up standard PRSA contracts. You must also allow excluded employees reasonable paid leave (at a time which fits in with the demands at work) so they can make arrangements to set up a standard PRSA.


You must set up a payroll deduction facility to allow us to collect excluded employees' contributions. We will not use the direct debit instruction you gave us to make deductions from your bank account without first getting permission from you. The employee does not have to pay his or her contribution through the payroll deduction facility. Contributions can be paid from the employee's personal bank account or by any other method agreed with us.


Nothing in this contract prevents us (or anyone acting for us) from offering a PRSA other than a standard PRSA to excluded employees. You must provide the same payroll deduction facility for other PRSAs.

We are not responsible for meeting any obligations you have under the Act to set up and manage PRSAs, including PRSAs that are not standard PRSAs. You or we may end this contract by giving the other at least two months' notice in writing. We can also end this contract immediately if you do not keep to your obligations under relevant law or any agreement between you and us.

We have the right to alter this contract if this is necessary to keep to any new law.

Your address: 

Name (IN BLOCK CAPITALS) of the person authorised to sign for you: 

Job Title: 

Please tick **ONE** of the boxes below.

Are you:

a. A company?

☐

b. A sole trader with a registered trading name?

☐

c. An ordinary sole trader?


☐


d. Self-employed?

☐

e. A state organisation?

☐

If you tick either a or b, please give us your Employer Tax Reference Number  **1**

If you tick c, d or e, please give us your Tax Reference Number  **2**

Signature of person duly authorised to sign for and on behalf of the employer:



Date:  / /

Signature for and on behalf of Irish Life Assurance plc:



Gerry Hassett, Chief Executive Ireland Retail,
Irish Life Assurance plc., Lower Abbey Street, Dublin 1



Irish Life

Excluded employees are:

- All your employees if you do not offer a pension scheme; or
- If you offer a pension scheme, any employee who is not eligible to join that scheme and who would not become eligible, under the rules of the scheme, within six months of the date he or she started working for you.

Please note that we will not make any changes to the deductions we take without first getting permission from your payroll department.

1 As appears on the company letterhead or as received from the Company Registration Office.

2 As appears on P30.

PLEASE ALSO COMPLETE THE SECTION OVERLEAF

Do you expect to be requested by any employee to facilitate payroll deductions?

Yes ☐

No ☐

If yes, the information sections overleaf must be completed.

Facilitation of payment of contributions via payroll deduction

Under the Pensions Act, 1990 as amended, the employer must notify excluded employees of their rights to contribute by means of salary/wage deduction. To help with the smooth running of this process, this section should also be completed by the employer. The deduction facility will apply to Standard PRSAs and to PRSAs other than Standard PRSAs.

FIELDS MARKED
WITH  **MUST**
BE COMPLETED

Person nominated to administer payroll deductions


Name:  Title: 

Phone: 

E-mail address: 

Address (if different from company): 


Preferred direct debit day

Please indicate the day of the month on which you would prefer to have contributions debited from your Company bank account: 

NB: The chosen day should be BEFORE the 20th of the relevant month.
If no date is chosen, we will assume the 1st day of the month.

Company information

Number of staff eligible for PRSAs? Weekly  Average salary € 
Monthly  Average salary € 


Does the employer intend to contribute? Yes ☐ No ☐

Date agreed for PRSA staff presentation  / 

For financial adviser use only

Adviser details 

Area  Manager  Code 

Phone no. (for publication to the employer) 

Address (for independent brokers only) 

ILA 2059 (REV 01-08)

Irish Life Assurance plc is regulated by the Financial Regulator.

Direct Debit Mandate

Name of bank / building society 

Address of bank / building society 

Bank account number  | | | | | | | | Sorting code  | | - | | - | |

Name of account 

I instruct you to pay direct debits from my account at the request of Irish Life Assurance plc. Irish Life Assurance plc may add these direct debits to any other direct debit amounts which are payable within the same calendar month and for which I have signed direct debit forms. I will inform the bank in writing if I wish to cancel this instruction. I understand that if any direct debit is paid which breaks the terms of this instruction, the bank will make a refund.

Signature 



Joint Signature 

Date  / /

Note

If you want to pay premiums through your bank or building society account you must fill in and sign this form. Instructions cannot be accepted to charge direct debits to a deposit or savings account.

For completion by Irish Life

Due dates on  /  and following the first payment every month

For our use only

Originators Identification no.

3 | 0 | 3 | 5 | 8 | 7

Originators reference

| | | | | | | |

(Employer registered no.)

