



Appointing a PRSA provider

FIELDS MARKED WITH  MUST BE COMPLETED

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: 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.

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:

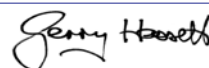
- | | | |
|--|--------------------------|---|
| a. A company? | <input type="checkbox"/> | If you tick either a or b, please give us your Employer Tax Reference Number  1 |
| b. A sole trader with a registered trading name? | <input type="checkbox"/> | |
| c. An ordinary sole trader? | <input type="checkbox"/> | If you tick c, d or e, please give us your Tax Reference Number  2 |
| d. Self-employed? | <input type="checkbox"/> | |
| e. A state organisation? | <input type="checkbox"/> | |

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.

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.

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SIGN

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.

Person nominated to administer payroll deductions

Name:	<input type="text"/>	Title:	<input type="text"/>
Phone:	<input type="text"/>		
E-mail address:	<input type="text"/>		
Address (if different from company):	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

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	<input type="text"/>	Average salary	€	<input type="text"/>
	Monthly	<input type="text"/>	Average salary	€	<input type="text"/>
Does the employer intend to contribute?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date agreed for PRSA staff presentation	<input type="text"/> / <input type="text"/> / <input type="text"/>				

For financial adviser use only

Adviser details	<input type="text"/>				
Area	<input type="text"/>	Manager	<input type="text"/>	Code	<input type="text"/>
Phone no. (for publication to the employer)	<input type="text"/>				
Address (for independent brokers only)	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				



SEPA Direct Debit Mandate

Please complete all the fields below marked * and return this mandate to the Creditor

UMR

Creditor Identifier

Name and address of the payer:

* Debtor Name

Debtor Address

* Debtor Bank Identifier Code (BIC)

* IBAN
(Account Number)

Type of payment Recurrent ☒ or One Off Payment ☐

Creditor's name and address

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.



Please sign and date

* Signature(s)

* Date of signing / /

For Irish Life Information purposes only

Plan Number (max 18 characters)

Person(s) on whose behalf payment is being made

Direct Debit collection date of the month (1st to 28th only)

Payment frequency Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐

