

Additional Information if PRSA is being used for AVCs

Only needs to be completed if the transfer is made up of AVC's only or PRSA AVC

Section 1

| | | | |
|--|------------------------------------|--------------------------------------|---------------------------------------|
| 1. Name of existing pension scheme | <input type="text"/> | | |
| 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 <input type="checkbox"/> | Yes over 5% <input type="checkbox"/> | Yes over 20% <input type="checkbox"/> |
| 3. When did you start your current employment? | <input type="text"/> | | |
| 4. What is your employer's pension scheme normal retirement age? | <input type="text"/> | | |
| 5. Total salary amount | <input type="text" value="€"/> | | |
| 6. Is your existing scheme a defined contribution scheme? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If yes please complete below and proceed to question 8. | | | |
| a.) What is the current value of the pension fund? | <input type="text" value="€"/> | | |
| Do you have a copy of your most recent pension benefit statement which you can provide us to check the above? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If, no, please confirm you have obtained this current value recently from your employer/trustee | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| b.) How much is currently being paid into the scheme? | | | |
| Employer contribution | <input type="text" value="€"/> | <input type="text" value="per"/> | |
| Employee and AVC contributions | <input type="text" value="€"/> | <input type="text" value="per"/> | |
| 7. a.) Is your existing scheme a defined benefit scheme? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| b.) Current employee and/or AVC contributions to the main scheme | <input type="text" value="€"/> per | | |
| c.) Current scheme benefits | | | |
| We require one of the following documents. Please indicate which: | | | |
| (i) Your most recent Pension Benefit Statement | <input type="checkbox"/> | | |
| OR | | | |
| (in) A letter from your Employer confirming: | <input type="checkbox"/> | | |
| (i) projected pension at your normal retirement date and | | | |
| (in) tax-free lump sum benefits at that date | | | |
| These figures should be based on your current salary and service to retirement. | | | |
| 8. Do you have other pension benefits from previous employments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If yes please complete question 9. | | | |

9. Existing pension benefits

| | 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"/> | | |

Section 2

10. Customer declaration (to be signed in all cases)

- I have received and read Irish Life's 'AVCs and your Complete Solutions PRSA' booklet which provides important information about paying AVCs into a PRSA.
- I am aware that my contributions (AVCs) into the PRSA is on a defined contribution basis and the return is not guaranteed - this contract will not provide defined benefits as fund values can fall as well as rise.
- I acknowledge and agree that I have been advised to investigate any AVC options offered through my employer's main occupation pension scheme.
- I acknowledge and agree that I have been advised to review any options which provide guaranteed benefits and which can be available under defined benefit schemes, in particular any options to buy 'added years' (notional service) under public sector /semi-state sector defined benefit schemes.
- I understand and accept that it is my responsibility to review and consider any such options directly with my employer, and that my financial adviser (broker) will base any recommendation on the information I have provided but will not have discussed or verified this with my employer.
- I understand that, although this AVC plan is separate to my employer's main occupational pension scheme, retirement benefits must be paid at the same time as the main scheme (if I am still in that employment) and must be within Revenue limits.
- I am required to notify Irish Life if I leave this employment, change my contributions to that scheme, if my salary decreases significantly, or if my benefits changes.

Signature

Signature of customer

Date:

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Section 3

11. Financial adviser declaration (to be signed in all cases)

- I have brought to my client's attention the importance of investigating their current AVC options through their employer's scheme, in particular any options to purchase 'added years' (which may be available under a defined benefit scheme and which provide guaranteed benefits).
- Having considered my client's circumstances and needs, I am satisfied that my client should make additional voluntary contributions into this PRSA, which is on a defined contribution basis and is not guaranteed.

Signature

Signature of financial adviser

Date:

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Please attach this form to the Personal Retirement Savings Account (PRSA) Transfer Application Form.



Irish Life

Lower Abbey Street
Dublin 1 Ireland
Telephone 01 704 2000
Fax 01 704 1900
www.irishlife.ie