

# Personal Retirement Savings Account (PRSA)

## Transfer Out Claim Form



**Irish Life**

### Section 1: To be completed by Irish Life

Contributor name:	<input type="text"/>
Contributor address:	<input type="text"/> <input type="text"/>
Irish Life PRSA Plan number:	<input type="text"/>
Contributor date of birth:	<input type="text"/> / <input type="text"/>
Pensions Board approval number:	<input type="text"/>
Has a Transfer Value been received over the lifetime of this PRSA	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, is any part of that Transfer made up of AVCs *	Yes <input type="checkbox"/> No <input type="checkbox"/>

\* we may need to ask further questions if this is answered Yes

### Section 2: Documentation Required

You must submit the following to Irish Life

- |                                    |                          |
|------------------------------------|--------------------------|
| (i) Original policy document       | <input type="checkbox"/> |
| (ii) Completed transfer claim form | <input type="checkbox"/> |

### Section 3: Product approved information for receiving scheme

The PRSA numbered above is an approved PRSA Plan under the Pensions Act 1990, as amended.  
Irish Life Assurance plc is an approved PRSA Provider. Any transfers paid in may be made up of AVCs  
– see Section 1 above.

### Section 4: Transfer Options

Please tick your choice of transfer under your PRSA

- |          |   |                          |                           |
|----------|---|--------------------------|---------------------------|
| Option 1 | transfer to another approved PRSA                   | <input type="checkbox"/> | (complete section 5 & 8 ) |
|          | Or  |                          |                           |
| Option 2 | transfer to an approved Occupational Pension Scheme | <input type="checkbox"/> | (complete section 6 & 8 ) |
|          | Or  |                          |                           |
| Option 3 | transfer to a Pension Scheme overseas               | <input type="checkbox"/> | (complete section 7 & 8 ) |

### Section 5: Transfer to another PRSA

To be completed by the new PRSA Provider.

Name of PRSA Provider receiving the transfer:	<input type="text"/>
Receiving PRSA Plan Number:	<input type="text"/>
Address of PRSA Provider:	<input type="text"/> <input type="text"/>

1. Is your Company an approved PRSA provider under  
Part X of the Pensions Act 1990, as amended?
- Yes ☐ No ☐

2. Is the PRSA contract to which the transfer is being made an approved PRSA Product under Part X of the Pensions Acts 1990 and Chapter 2A, Part 30 of the Taxes Consolidation Act 1997, as amended?

Yes

☐

No

☐

Note: This question must be answered "Yes"

### (A) Declaration of the new PRSA Provider

I declare, on behalf of the above named PRSA Provider, that the contributor named above is taking out or already has an approved PRSA Plan with our Company. I declare that this company is willing to accept the transfer from the Irish Life PRSA plan numbered above to our Plan.

Name of person authorised to sign on behalf of the Company:

Signature of person authorised to sign on behalf of the Company:

Department:

Date:

### (B) Contributor declaration

I confirm that I wish to transfer benefits held under my PRSA plan numbered above to another PRSA with the provider named in section (A) above

Contributor signature:

Date:

## Section 6: Transfer to an Occupational Pension Scheme

To be completed by the Trustees of the receiving occupational pension scheme.

Name of Insurer

Employer name (block)

Receiving Plan Policy/Scheme Number

Name of Pension Scheme

Pensions Board number

Revenue Approval Reference

Name and Address of Trustees:

Is this scheme? (i) Defined Contribution ☐ or (ii) Defined Benefit ☐

### (A) Trustee declaration

I, the Trustee, declare that  is a member, or prospective member of our pension scheme and I am willing to accept a transfer payment from Irish Life on his/her behalf. I declare that the scheme is an approved scheme under the Finance Act 1972 or Chapter 2 of the Taxes Consolidation Act 1997 as amended, and that the information given above is correct.

Trustee name (block):

Trustee signature:

Date:

Authorised to sign on behalf of the Scheme

### (B) Contributor declaration

I confirm that I wish to transfer benefits held under my PRSA plan numbered above to my occupational pension scheme as outlined in section (A) above

Contributor signature

Date:

## Section 7 - Transfer to a Pensions Scheme Overseas

To be completed by the Trustees, Custodians, Managers or Administrators of the receiving pension arrangement.

(1) Employer name (block)  (if relevant)

(2) Country where new scheme is contracted

(3) Type of Pension arrangement (please tick)

(a) An approved occupational pension scheme within that state ☐

(b) An approved personal pension contract within that state ☐

(4) Has the Revenue, or appropriate Regulatory Authority in the state in which this scheme is set up, approved this arrangement? Yes ☐ No ☐

(5) Name of Pension Scheme

(6) Name and address of Insurer

(7) Receiving Arrangement Policy/Scheme Number

(8) Name and Address of Trustees/ Custodians/ Managers/ Administrators:

Are the retirement benefits to be provided under this arrangement "relevant benefits"\* Yes ☐ No ☐

\* "relevant benefits" means any pension, lump sum, gratuity or other like benefit-

(a) given or to be given on retirement or on death or in anticipation of retirement or, in connection with past service, after retirement or death, or

(b) to be given on or in anticipation of or in connection with any change in the nature of the service of the employee in question, but does not include any benefit which is to be afforded solely by reason of the death or disability of a person resulting from an accident arising out of or in the course of his or her office or employment and for no other reason.

### (A) Trustee/Custodian/Manager/Administrator declaration

I, declare that  is a member or prospective member of our pension scheme. I am willing to accept a transfer payment from Irish Life on his/her behalf. I declare that the scheme is an approved scheme and that the information given above is correct.

Signature:

Date:  /

Authorised to sign on behalf of the Scheme

### (B) Contributor declaration

I confirm that I wish to transfer benefits held under my PRSA plan numbered above to the pensions scheme as outlined in above

Contributor signature:  Date:  /

## Section 8: Payment details

The cheque will be drawn in the name of the insurance company/trustee to which the transfer is being made.

Name of insurance company/trustee:

Address of insurance company/trustee to which the cheque should be sent:

prsa-tv claim



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