



**Irish Life**

# Company Pensions Submission Requirements

July 2013

# Annuity Route




- Send to Pension Claims if funds are being claimed from an Irish Life Retail Plan
  - Company Pension Retirement Claim form
  - Annuity Application form
  - A P60 or accountant's letter is required if the member is a proprietary director
  - Evidence of age - original or legible certified copy of the member's birth cert or passport
- [WWW.bline.ie/pensions/retirement-claims-information](http://WWW.bline.ie/pensions/retirement-claims-information)

# Claim Form

## (Key requirements)



# Irish Life

 **Irish Life**

Company Pension/  
AVC
Retirement Options request and  
Claim Form

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.  
IF ANY ITEM IS BLANK OR ILLEGIBLE, THIS MAY CAUSE A DELAY IN PROCESSING YOUR REQUEST.

**1. Financial Adviser details - only if you have a Financial Adviser**

Financial adviser details

Financial adviser code

**2. Member and Employer Details**

Plan numbers being claimed

Members name

Members address

PPS number  -  PPS Number should contain 7 digits and 1 or 2 letters

Date of birth  /  /   **We require evidence of age.**

Member contact number

Employer name

Your fund value can rise or fall on a daily basis and is not guaranteed to hold. The value which will be paid from your plan will be based on unit prices on the date that final requirements are received. Should you wish to protect the value of your fund while your claim is being processed you should contact Irish Life or your Financial Advisor regarding the possibility of switching your current fund(s) to a low risk Cash Fund which is currently available on your plan.

**3. Service and salary details for employment as noted above  
(must be provided for all options)**

1. Date of joining employment  /  /

2. Date of leaving this employment  /  /

3. Within the last three years of service in this employment did the member alone, or together with his or her spouse/registered civil partner and/or minor children, own or control more than 20% of the voting rights of the company? Yes ☐ No ☐

If No - Please confirm the member's highest salary in the last 5 years prior to retirement Year  Salary

OR

If YES - Please confirm the member's 3 highest consecutive salaries ending in the last 10 years prior to retirement to be verified with a copy of P60s for each year or an accountants letter

Year <input style="width: 40px;" type="text"/>	Salary <input style="width: 40px;" type="text"/>
Year <input style="width: 40px;" type="text"/>	Salary <input style="width: 40px;" type="text"/>
Year <input style="width: 40px;" type="text"/>	Salary <input style="width: 40px;" type="text"/>

or if you are taking your benefits at your normal retirement age while continuing to work in this employment, please tick here ☐

Use 1 claim form per employment

Evidence of Age

Marriage Cert if applicable

Salary & Service details iro Employment being drawn down - Not current empl.

P60's for Directors

Full details of all other pension Benefits both in-force & previously drawn down

Trustee & Mbr Signature (or person acting on behalf of Trustee - eg liquidator)

# Annuity App Form (Key requirements)



# Irish Life

## Annuity Proposal Form



### Application Form

In completing this proposal form, please note:

- (1) The annuity products are designed to provide an income for life with the facility to build in certain levels of protection. Once invested, you have no further control over the capital.
- (2) If you require an Approved Retirement Fund/Approved Minimum Retirement Fund (ARF/AMRF) product please fill out a separate ARF/AMRF Application Form which is available from our Retail Marketing Team. Please read questions before answering and use capital letters throughout.

#### 1. FINANCIAL ADVISER DETAILS

Name  Manager

Broker Agent Code  This must be completed

For Tied Agents and Direct Sales Only: Please enclose a copy of the completed Post-Retirement Personal Financial Review with this application. We cannot process this application until we receive it.

For Execution Only customers: I confirm that I have been offered a full financial review by Irish Life Assurance before completing this application for an annuity and that I have declined this offer. I have been advised by Irish Life Assurance that as it does not have the information necessary to assess my suitability for this annuity product it cannot offer me any assistance in relation to the choice of this annuity. I have familiarised myself with this product and I confirm that I request Irish Life Assurance to arrange this annuity on my instruction.

Signature of Annuitant  Date

#### 2. PERSONAL DETAILS

Title (Mr/Ms/etc)  Maiden Name if Married

First Name  Surname

Please use both the first name and surname

Address

Address

Telephone Number Mobile  Work

Are you ordinarily resident outside the State? Yes ☐ No ☐ If you have answered yes please provide details of your foreign address.

Foreign Address

Foreign Address

Date of Birth  Male ☐ Female ☐

Relationship Status Married ☐ Single ☐ Widower ☐ Separated ☐ Divorced ☐ Civil Partner ☐

PPS Number  This is required for administrative purposes and to assist in the payment of benefits

If Dependant's Pension is required please fill in below.

Dependant's Title (Mr/Ms/etc)  Maiden Name if Married

First Name  Surname

Date of Birth  Male ☐ Female ☐

#### 3. BANK DETAILS

Payment of the pension, must be to a bank, building society or Credit Union (via the Credit Union bank account).

Name of bank:

Address of bank:

Name of account:

Account Number  Bank Sort Code

Evidence of Age

Marriage Cert if applicable

Quote if applicable (rates  
Are guaranteed for 14 days –  
Copy of the quote required)

Signed & Dated – Trustee  
Signature required also

Commission – if non  
Standard. Default is 2%.

# A(M)RF Route



**Irish Life**

- Send to Pension Claims if funds are being claimed from an Irish Life Retail Plan
  - Company Pension Retirement Claim form
  - A(M)RF application form
  - A P60 or accountant's letter is required if the member is a proprietary director
  - Evidence of age - original or legible certified copy of the member's birth cert or passport
  - Proof, by pay or remittance slip, of guaranteed pension income, where this income is greater than €12,700 p.a
- [WWW.bline.ie/pensions/retirement-claims-information](http://WWW.bline.ie/pensions/retirement-claims-information)


# Claim Form

## (Key requirements)



# Irish Life

Salary & service details are still required for the A(M)RF Route for funding calculation purposes

 **Irish Life**

**Company Pension/ AVC** **Retirement Options request and Claim Form**

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**1. Financial Adviser details - only if you have a Financial Adviser**

Financial adviser details

Financial adviser code

**2. Member and Employer Details**

Plan numbers being claimed

Members name  We will automatically make the retirement lump sum payable to the member and issue the cheque to this address unless we are told otherwise.

Members address

PPS number  PPS Number should contain 7 digits and 1 or 2 letters

Date of birth  /  /  We require evidence of age.

Member contact number

Employer name

Your fund value can rise or fall on a daily basis and is not guaranteed to hold. The value which will be paid from your plan will be based on unit prices on the date that final requirements are received. Should you wish to protect the value of your fund while your claim is being processed you should contact Irish Life or your Financial Adviser regarding the possibility of switching your current fund(s) to a low risk Cash Fund which is currently available on your plan.

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1. Date of joining employment  /  /  or if you are taking your benefits at your normal retirement age while continuing to work in this employment, please tick here ☐

2. Date of leaving this employment  /  /

3. Within the last three years of service in this employment did the member alone, or together with his or her spouse/registered civil partner and/or minor children, own or control more than 20% of the voting rights of the company? Yes ☐ No ☐

If No - Please confirm the member's highest salary in the last 5 years prior to retirement Year  Salary

OR

If YES - Please confirm the member's 3 highest consecutive salaries ending in the last 10 years prior to retirement to be verified with a copy of P60s for each year or an accountants letter

Year  Salary

Year  Salary

Year  Salary

Use 1 claim form per employment

Evidence of Age

Marriage Cert if applicable

Salary & Service details iro Employment being drawn down - Not current empl.

P60's for Directors

Full details of all other pension Benefits both in-force & previously drawn down

Trustee & Mbr Signature (or person acting on behalf of Trustee – eg liquidator)

# A(M)RF Form (Key requirements)



# Irish Life

**ARF/AMRF**  
Application Form - Brokerage

**In completing this proposal form please note:**  
ARF/AMRF products are designed to allow you to control your pension fund and you can determine the rate at which you take withdrawals from the fund. However, depending on the investment return, the rate of withdrawals and how long you live in retirement, there is no guarantee that the fund will last for your lifetime. Before completing this application form please ensure you have read and understood the product booklet.  
**PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.**  
**IF ANY ITEM IS BLANK OR ILLEGIBLE, THIS WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION.**

**1. FINANCIAL ADVISER DETAILS**

Financial adviser name

Financial adviser code

**2. PROFILE NUMBER**

Lump sum  -  If this section is left blank this will delay us processing your application.

**3. PERSONAL DETAILS**

Title (Mr/Mrs/Ms)  First Name

Initial (if applicable)  Surname

Previous Surname (if any)

Home address

Country of residence

Date of Birth  /  /  Male ☐ Female ☐

Relationship Status Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Registered Civil Partner ☐

E-mail address (if applicable)

Contact Phone Numbers Home  Mobile

PPS Number  -  PPS Number should contain 7 digits and 1 or 2 letters

Occupation you are retiring from

Current occupation

**4. CONTRIBUTION DETAILS**

In ALL cases a Source of Investment Certificate (available at [www.blinc.ie](http://www.blinc.ie)) must be completed by the Insurance Company, QFM, PRSA provider or Trustee(s) transferring the money. Please submit a Source of Investment Certificate for completion direct to the relevant institution, together with their completed claim documentation.

Total Fund €

Retirement lump sum €

Complete Solutions AMRF 1 €  Complete Solutions AMRF 2 €

Complete Solutions ARF 1 €  Complete Solutions ARF 2 €

Commission Profile

Product Choice

Eligibility Evidence if ARF

IIF if SIF

Signed & Dated – by both  
Trustee & Member

Source of Inv Cert if funds  
coming from a non IL Retail  
Plan.



**Irish Life**