

Retirement Extra Plan



Employer/Trustee Application Form

Please complete all items on this form in **BLOCK CAPITALS**. If any item is blank or illegible, it may cause a delay in processing your application. Please send us employee information on a spreadsheet or on application forms for all members of the plan. If we are missing any information you and your employees may not be able to claim tax relief or benefits from your AVC plan.

Please ensure that you fully understand all questions and notes. Your broker or Irish Life Account Manager will be on hand to help you.

1. YOUR COMPANY DETAILS

CONTACT DETAILS	Name of Employer	<input type="text"/>																													
	Address for Correspondence	<input type="text"/>																													
	Registered Address (If different from above for Revenue approval)	<input type="text"/>																													
	Administration Contact Name	<input type="text"/>																													
	Email Address	<input type="text"/>																													
	Telephone	<input type="text"/>	Fax	<input type="text"/>																											

PAYROLL	Payroll Contact Name	<input type="text"/>																													
	Payroll Contact Email Address	<input type="text"/>																													
	Payroll Contact Telephone	<input type="text"/>																													
	Name of Payroll Package/Software used	<input type="text"/>																													

CONFIRM INFORMATION	Nature of business	<input type="text"/>																													
	Company registration number	<input type="text"/>																													
	Tax reference number	<input type="text"/>	Tax district	<input type="text"/>																											
	Number of employees in company	<input type="text"/>	Full-time employees	<input type="text"/>	Part-time employees	<input type="text"/>																									
	Please name each employee who alone or together with his/her spouse, directly or indirectly owns or controls shares carrying:																														
	(a) 20% or more of the voting rights of the employer	<input type="text"/>																													
	(b) 5% or more of the voting rights of the employer	<input type="text"/>																													
Names of other participating employers	<input type="text"/>																														
<i>Note: If there are other participating employers a Deed of Adherence must be submitted together with this application form.</i>	<input type="text"/>																														
Degree of Association	<input type="text"/>																														

PLAN DETAILS

1. YOUR COMPANY DETAILS *CONTINUED...*

AGENT

I agree to appointing as my agent for this plan.

Contact name

Code *to be completed by your Broker or Irish Life Account Manager*

Email Address

Address

Telephone

2. AVC CONTRIBUTION DETAILS

Frequency of payment monthly

 quarterly in advance

 yearly in advance

Method of payment variable direct debit*

 automatic direct debit*

 electronic transfer

 cash/cheque

**Please complete the Direct Debit Mandate (Section 10 of this form). The automatic direct debit payment method is restricted to schemes with a maximum of 10 members.*

Payment method for member contract charge and Pension Board fee (if applicable):

**Invoiced

or

monthly unit deduction

***Payment will be invoiced once a year at review date.*

Start date of plan as on Declaration of Trust / /

Annual review date /

Contribution start date / /

Standard Contribution rates

If contribution rates differ for individual employees the individual rates can be specified in the employee application forms.

. % of salary

Other

PLAN DETAILS

3. INVESTMENT DETAILS

Default investment choice

- In this section the Trustees must select one scheme fund choice or investment strategy which will be used if members choose not to make their own investment decisions or do not specify an individual fund choice on their application form.

Restricted fund choice

- We can make all funds offered by Irish Life Corporate Business available in your scheme. Alternatively, if you wish to restrict the choice of funds available to members to choose from please let us know which selection of funds should be made available to the members.

Further information on the fund options is available on www.irishlife.ie/corporatebusiness/

	Default investment choice Will be used if members choose not to make their own investment decisions or do not specify an individual fund choice in their application form. Please select only one option.	Restricted fund choice If you wish to restrict the choice of funds available to members please indicate the funds. You can select any amount of funds.
Personal Lifestyle Strategy – AVC */**		
Personal Lifestyle Strategy – Tax Free Cash *		
Consensus Fund		
Safe Pension Fund		
Tax Free Cash Fund		
Pension for Life Fund		
Flexible Fund		
Indexed Global Equity Fund		
Indexed 50/50 Equity Fund		
Other fund please specify		
Other fund please specify		

*100% of contributions must be invested in the Personal Lifestyle Strategy if you select either the *Personal Lifestyle Strategy – AVC* or the *Personal Lifestyle Strategy – Tax Free Cash*.

***Personal Lifestyle Strategy – AVC* can only be selected for schemes where up-to-date salary details will be included with each regular payment schedule sent to Irish Life Corporate Business at each annual review date.

4. SCHEME RULES

What is the normal retirement age? 60 65 other

Under what circumstances do members who leave service benefit from employer contributions?

Automatically
 After years of company service or years of plan service (complete appropriate box)
 Pensions Act minimum (after 2 years plan service)

TRUST DETAILS

5. DETAILS OF TRUST DOCUMENT

Pension schemes are established under trust and typically the following options are available in relation to the appointment of Trustees:

(i) If you are using Irish Life Trust Documents please select the relevant options.

- (a) The Principal Employer will act as Trustee.
- (b) Named individuals (minimum of 3) will act as Trustee.
- (c) A corporate body will act as Trustee.
- (d) The Principal Employer, together with (b) or (c) above will act as Trustees.

(ii) If you are not using Irish Life Trust Documents please complete

- (e) A new scheme is being established and documentation is being prepared by another party.
- (f) The scheme is already documented under an approved Trust.

Please complete the following sections if you have selected (e) or (f) above.

Please provide a copy of the Trust Deed and Rules

Type of Deed used

Date the Deed was signed dd / mm / yy yy

Registered address on the Deed

Pensions Board Number

The scheme has been approved by the Revenue Commissioners: yes no

Revenue Reference Number

Note: If options (b), (c) (d), (e) or (f) are chosen, full details of the Trustees names and addresses are required.

Provide the following information:

1. Trustee Name:
Trustee Address:
2. Trustee Name:
Trustee Address:
3. Trustee Name:
Trustee Address:
4. Trustee Name:
Trustee Address:

REGISTERED ADMINISTRATOR

The Social Welfare and Pensions Act 2008 require that the Trustees of a scheme appoint a Registered Administrator, who is responsible for maintaining scheme records and preparing, within prescribed timeframes, Annual Member Benefit Statements and scheme Trustee Annual Report.

Irish Life has been registered with the Pensions Board and so can, in certain circumstances, provide these services. Should you appoint Irish Life Assurance plc as Registered Administrator, we will set out any responsibilities the Trustees have in order to meet the prescribed timeframes.

Alternatively, should you appoint someone else as your Registered Administrator, Irish Life Assurance plc can also act as an Outsourcer to the Registered Administrator.

6. REGISTERED ADMINISTRATOR

Please confirm the following

- (a) Is the scheme being established under a new Trust? yes no
- (b) Will all assets be with Irish Life Assurance plc? yes no

If you have answered No to either of these questions please continue to part (d):

- (c) If you have answered yes to both (a) and (b) above please confirm with a ✓ whether you wish to appoint Irish life Assurance plc as Registered Administrator or as an Outsourcer for the following services

	<i>Reg. Admin</i>	<i>Outsourcer</i>
Member Benefit Statements	<input type="checkbox"/>	<input type="checkbox"/>
Annual Trustee Report	<input type="checkbox"/>	<input type="checkbox"/>

If Irish Life Assurance plc are being appointed as an Outsourcer, for either service, please confirm who you have appointed as the Registered Administrator.

Registered Administrator

Address

Please also attach a copy of the registration with the Pensions Board appointing Irish Life Assurance plc as the Outsourcer, or written confirmation from the Registered Administrator that Irish Life Assurance plc is to be appointed as an Outsourcer, with this application.

- (d) If the scheme is not being established under a new Trust and/or all assets are not transferring to Irish Life Assurance plc, further information will be required to determine whether Irish Life Assurance plc can act as Registered Administrator or as an Outsourcer to another Registered Administrator. Please discuss this with your Irish Life Account Manager and provide further details in the notes page of this document.

7. PENSION PHONE AND ONLINE ACCESS

Pension Phone

Pension Phone is a phone service which members can use to obtain information about

- (a) The funds in which their contributions are invested
- (b) Their current pension fund value



Pension Planet

Pension Planet is the secure member online pension website enquiry system from Irish Life Corporate Business.



Pension Planet Interactive

Pension Planet Interactive is the Irish Life Corporate Business secure online pension enquiry and processing system for Trustees, Brokers and Administrators.



Trustee consent to Pension Phone and Online access

In order for the information contained on the websites and the phone service to be made available it is necessary that the Trustees of the pension scheme give their consent.

The Trustees' signatures on this form confirms that they are Controllers of the Data relating to the members of the pension plan (Data Protection Acts 1988 to 2002) and that consent has been granted to the following groups:

- a) Full access for the Trustee to Pension Planet Interactive
- b) Full access for the administrator in the Employers office (e.g. HR or Payroll department) to Pension Planet Interactive
- c) Full access for the appointed Agent to Pension Planet Interactive
- d) Full access for members to their own pension plan details through Pension Planet and Pension Phone

Access for Trustees, Administrators and Agents is subject to the named person

- (i) continuing in the relevant role
- (ii) agreeing to abide by the terms and conditions for use of the services

Email contact details

In order for access to be granted electronically please provide the relevant email addresses. Please note that these email addresses must be unique and not a shared email account.

Trustee email:

Administrator email:

Agent email*:

*If different to email address provided on page 2.

SIGNATURES

8. EMPLOYER AND TRUSTEE DECLARATION

I declare that the answers to the above questions regarding

- Company Details (Section 1)
- Contribution and Investment Details (Section 2+3)
- Scheme Rules (Section 4)
- Details of the Trust Document (Section 5)
- Registered Administrator (Section 6)
- Pension Planet and online access (Section 7)

are all in every respect true and complete and that this Application and Declaration shall form the basis of the contracts with Irish Life Assurance plc.

We declare that we have applied for the Retirement Extra Plan, as indicated above and that we have selected specific conditions to apply as indicated above and in the Employee details submitted. We understand that the establishment of the Retirement Extra Plan is conditional on the approval of the arrangement by the Revenue Commissioners as an exempt approved scheme under the Taxes Consolidations Act 1997.

Duly authorised to sign for and on behalf of the employer

Employer Signature

Status (e.g. Director/Secretary)

Date / /

Trustee Signature

Date / /

9. DATA PROTECTION NOTICE

Data Protection Notices and Consents

1. The information you provide Irish Life Assurance plc will be held on a computer data base and/or any other way and will be used to administer this contract/transaction and any other products or services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life Assurance plc.
2. You have the right to question the purpose for which your data is held and the right to obtain a copy of any relevant information held by Irish Life Assurance plc by submitting a written request and paying a small fee.
3. You have the right to request Irish Life Assurance plc correct any inaccuracies in the personal / sensitive data it holds about you and the scheme member.

I declare that I consent to the

- A. processing and holding (on computer or otherwise) of all information including scheme members' data (personal and sensitive), disclosed by me, or on my behalf, in relation to this contract/transaction by Irish Life Assurance plc, its servants and agents (together with such other information supplied to, or obtained by, Irish Life Assurance plc separately) for administrative, customer care and service purposes.
- B. disclosing of scheme and member data (personal and sensitive) to persons necessary in connection with the above purposes, to the regulatory authorities or as is required by law, to Irish Life Assurance plc and to other companies in the Irish Life and Permanent group, to reinsurers and health professionals.

I/We hereby agree that this application and declaration shall form the basis of the contracts proposed between the Trustees and Irish Life Assurance plc. I/We understand that the contracts are conditional on the establishment of the plan under trust and on the approval of the arrangement by the Revenue Commissioners as an exempt approved scheme under the Taxes and Consolidations Act 1997.

Trustee Signature Date / /

Employer Signature Date / /

DIRECT DEBIT MANDATE

10. DIRECT DEBIT MANDATE

To the manager

bank/building society

Address of bank/

Building society

Account number

Sorting code

-

-

Name of account holder

When you have signed this form please return it to Irish Life Corporate Business, Lower Abbey Street, Dublin 1.

I/We authorise you until further notice in writing to charge unspecified amounts to my/our account with you, by direct debit, at the request of Irish Life Assurance plc. Irish Life Assurance plc may amalgamate direct debits under this mandate with any other amount(s) payable by direct debit which may be due to them within the same calendar month under other mandates expressed in their favour and signed by me/us. I/we understand that if any direct debit is paid which breaks the terms of this instruction, the bank will make a refund.

Signature

Date

/

/

For completion by Irish Life Assurance plc

Originator's reference

Originator's identification number

Irish Life Assurance plc is regulated by the Central Bank of Ireland. In the interest of customer service we may record and monitor calls. Irish Life Assurance plc, Registered in Ireland number 152576, Vat number 9F55923G





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Contact us

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fax: 01 704 1905
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website: www.irishlife.ie/corporatebusiness/
write to: Irish Life Corporate Business, Lower Abbey Street, Dublin 1



Irish Life