

Retirement and Death Benefit Plan



Irish Life

Plan Expression of Wishes Form

Please complete every item on this form in BLOCK CAPITALS. If any item is blank or illegible, this will cause a delay in processing your application. If you are unsure about any item, you should ask your HR department or the plan adviser.

1. SCHEME DETAILS

Scheme Name: Scheme Number:

Scheme Membership Number:

2. PERSONAL DETAILS

Title Mr Mrs Miss Ms Other

First Name Surname
Please use both the first name and surname in your employee records

Date of Birth / /

Gender Male Female

Date of Joining the Company / /

Spouse/Civil Partner First Name Surname

Spouse/Civil Partner Date of Birth / /

In the event of my death, I wish the Trustees to exercise their discretion under the scheme rules so that any lump sum benefit will be applied for the benefit of the person(s) named below. I understand that my wishes may be revoked or revised by me at any time.

I understand that I cannot restrict the manner in which the Trustees can exercise their discretion and I also understand that there may be legal or statutory limitations preventing the Trustees from taking account of my wishes.

1. First Name: Surname:
Relationship*: Proportion of Benefit:

2. First Name: Surname:
Relationship*: Proportion of Benefit:

3. First Name: Surname:
Relationship*: Proportion of Benefit:

4. First Name: Surname:
Relationship*: Proportion of Benefit:

Signature Date / /

*For example: spouse, civil partner, partner, daughter, son, parent, brother, sister etc.

continued overleaf...

3. DATA PROTECTION NOTICE

Data Protection Notices and Consents

1. The information you provide to Irish Life Assurance plc will be held on a computer database 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 your personal data 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 to correct any inaccuracies in your personal data.

I declare that I consent to the

- A. processing and holding (on computer or otherwise) of all information (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 my 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.

Signature

X

Date

/ /

Please complete and return this form in a sealed envelope to your HR Department. If you would like an acknowledgement from the Trustees of having received this form, please let us know the address to which it should be sent.

