

Transfer of Benefits



Irish Life

This form should only be used for **transfers** from previous pension plans to Irish Life Corporate Business pension plans. You can obtain the information required on this form from your prior plan administrators or advisers.

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.

1. CURRENT SCHEME & MEMBER DETAILS

Scheme Name

Scheme Number

Member Number

First Name Surname

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

Date of Birth / /

2. PREVIOUS EMPLOYER & PLAN DETAILS

Please provide the following information on your previous employer and plan

Name of plan or employer

Revenue Reference No. Pensions Board No.

3. YOUR PREVIOUS MEMBERSHIP AND TRANSFER DETAILS

State your Normal Retirement Age in the previous plan

Date of joining previous employment / / Date of leaving previous employment / /

Date of joining previous plan / / Date of leaving previous plan / /

Salary at date of leaving previous employment €

Is there a Pensions Adjustment Order relating to this membership? yes no

If yes, please provide details

If transferring benefits from a Defined Benefits scheme please give details of preserved spouse pension (if any)

| | Employer | Employee | Additional Voluntary Contributions |
|--|------------------------|------------------------|------------------------------------|
| Transfer Value | € <input type="text"/> | € <input type="text"/> | € <input type="text"/> |
| State any portion of this transfer that relates to a previous transfer | € <input type="text"/> | € <input type="text"/> | € <input type="text"/> |

If the transfer is from a Defined Benefit scheme, please state the amount of employee contributions in the Employee section and the balance in the Employer section.

4. INVESTMENT DETAILS

You must choose either options 1, 2 or 3. Please note that all of these funds and/or investment strategies may not be available in your scheme, please contact your Financial Advisor to confirm your options. If you select an Investment Strategy (Option 1 or 2) it will apply to your transfer value and all of your contributions.

- Option 1 100% Consensus Lifestyle Strategy** Consensus Lifestyle invests in the Consensus Fund and then gradually moves into the Pension Protection Fund and the Capital Protection Fund* over the 5 years before Normal Retirement Age.
- Option 2 100% Active Lifestyle Strategy** Active Lifestyle invests in the Active Fund and then gradually moves into the Pension Protection Fund and the Capital Protection Fund* over the 5 years before Normal Retirement Age.
- Option 3 One or more of the funds listed here** If you choose this option, you must tell us what percentage you wish to invest in each fund, subject to a maximum of 5 funds. You can invest 100% in one fund or spread it over a number of funds but the total must equal 100%.

| | Regular Contributions | Once-Off Contributions |
|--|---|---|
| Consensus Fund | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| Active Fund | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| Capital Protection Fund* | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| Property Fund* | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| Cash Fund | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| Pension Protection Fund | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| Indexed Global Equity Fund | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| Indexed Irish Equity Fund | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| Indexed UK Equity Fund | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| Indexed European Equity Fund | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| Indexed North American Equity Fund | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| If other funds are required please specify | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| | <input type="text"/> . <input type="text"/> % | <input type="text"/> . <input type="text"/> % |
| Total | 1 0 0 . 0 0 % | 1 0 0 . 0 0 % |

*Restrictions may apply to exits from the Capital Protection Fund and the Property Fund.

5. DATA PROTECTION NOTICE & EMPLOYEE DECLARATION

Data Protection Notices and Consents

- 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.
- 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.
- 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

- 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.
- 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

Date

Employee Declaration

I declare that the answers to the above questions are in every respect true and complete and that this application and declaration shall form the basis of the contracts with Irish Life Assurance plc. I declare that I have applied for membership to the plan to which this Employee application form relates and that specific conditions shall apply as indicated above. I hereby authorise my employer to make the necessary deductions from my salary or wages for the specific purpose of paying the employee contributions detailed earlier in this form until such time as the employer receives notice in writing from me to the contrary.

Signature

Date

Irish Life Assurance plc is regulated by the Central Bank of Ireland.
In the interest of customer service we may record and monitor calls.
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