

# Appointing a PRSA provider

**Please read the questions carefully before answering them and use BLOCK CAPITALS.**

**Before you give us your personal information please note that Irish Life have Data Privacy Notices. These notices explain what your data protection rights are and how and why we use your personal information. The Irish Life notice is always available on our website at <https://www.irishlife.ie/privacy-notices/> or you can ask us for a copy.**

**This is a contract between you  
and Irish Life Assurance plc (Irish Life).**

**(the Employer)**

The Employer hereby appoints Irish Life Assurance plc as a PRSA provider that is available for employer and/or employee contributions in accordance with Section 121 of the Pensions Act, 1990 as amended (the Pensions Act). Irish Life are an approved PRSA provider and its PRSA products have been approved by the Pensions Authority and the Revenue Commissioners.

The Employer will allow Irish Life, or intermediaries on its behalf, reasonable access to excluded employees\* at their workplace for the purpose of setting up standard PRSA contracts. Subject to work requirements, the Employer will also allow excluded employees reasonable paid leave of absence to enable them make arrangements for the establishment of a standard PRSA.

The Employer also hereby agrees to establish a payroll deduction facility with Irish Life to allow the collection of employer and/or employee contributions and to meet the Employer's obligation under the Pensions Act. This arrangement will include any requirements by Irish Life in relation to the administration of this facility, which may vary from time to time. Irish Life will not use this direct debit instruction to collect amounts from your bank account without first getting permission from the Employer.

The Employer understands that nothing in this contract prevents Irish Life, or intermediaries acting on its behalf, from offering a PRSA other than a standard PRSA to employees. The Employer understands that they must provide the same payroll deduction facility for standard and non-standard PRSAs.

It is open to both Irish Life and the Employer to end this contract by giving not less than two months in writing to the other party. Irish Life will also have the right to terminate this contract if the Employer fails to comply with the necessary procedures agreed between the Employer and Irish Life as to how the contract is to be operated. Irish Life shall have the right at its discretion to modify the operation of this contract, if such modification is required to confirm to new legislation.

Irish Life are not responsible for meeting any obligations the Employer has under the Pensions Act in relation to the setting up and administration of standard and non-standard PRSAs.

\* Under Section 121 of the Pensions Act, excluded employee means

- All your employees, if you do not offer an occupational pension scheme, or
- If you do offer an occupational pension scheme, any employee that is not eligible to join that scheme and who would not become eligible, under the scheme rules, within six months of their employment start date.

## Employer Declaration

Employer Name:

Contact name:

Contact number:

E-mail address:

Employer Tax Reference Number:

I acknowledge and agree that Irish Life may utilise electronic processes from time to time including, but not limited to, the use of electronic signatures. Irish Life may also use manual processes including, but not limited to, the use of wet ink signatures. I confirm that I have been informed about the Irish Life Data Privacy Notices and where to get them.

Signature:

Name:

Date (dd/mm/yyyy)

**Please be aware for all signatures typed herein, in conjunction with verified signature provider, you are electronically certifying this document, just as if you were physically signing on paper.**

## Irish Life

Signature for and on behalf of Irish Life Assurance plc:



Declan Bolger, Chief Executive Office,  
Irish Life Group, Lower Abbey Street, Dublin 1

Person  
authorised to  
sign for an on  
behalf of the  
employer

## Facilitation of contribution collection from employer's bank account

This section should also be completed by the employer to help with the smooth collection of employee and/or employer contributions. This facility will apply to standard and non-standard PRSAs.

### Person nominated to administer payroll deductions

Name:

Phone:

E-mail address:

Address

(if different from company):

Must be before  
20th of the month

Preferred direct debit date:

This is the day of the month on which you would prefer to have contributions debited from your company bank account.

**NB:** If no date is chosen, we will assume the 1st day of the month.

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## Your Irish Life Plan Details

Please complete all the fields in this Section

Plan Number(s)

If this mandate is to cover more than 3 plans, please attach separate instructions.

Name of Plan Owner(s)

Direct Debit collection date of the month

(1st to 28th only)

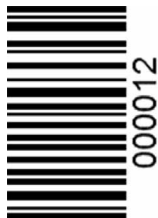
Payment frequency

Monthly

Quarterly

Half Yearly

Yearly



## SEPA Direct Debit Mandate

Please complete all the fields below marked \* and return this mandate to Irish Life

### Name and address of the payer

\* Name(s) of Account Holder(s)

Address of Account Holder(s)

BIC

\* IBAN

Your BIC and IBAN can be found on a recent bank statement

Please sign  
and date

\* Signature(s)

\* Date of signing

**Please be aware for all signatures typed herein, in conjunction with verified signature provider, you are electronically certifying this document, just as if you were physically signing on paper.**

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

### For Office Use only

UMR

Creditor Identifier

Type of payment

Creditor's name and address

I E 3 0 Z Z Z 3 0 3 5 8 7

Recurrent ☐

IRISH LIFE ASSURANCE PLC

LOWER ABBEY STREET

DUBLIN 1

