# Irish Life

## POST-RETIREMENT DEATH CLAIM FORM INSTRUCTIONS AND CHECKLIST

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at https://www.irishlife.ie or you can ask us for a copy.

For claims on Approved Minimum Retirement Funds (AMRFs), Approved Retirement Funds (ARFs), Vested Personal Retirement Savings Accounts (PRSAs) and Personal Pension after age 75.

#### Instructions

#### Please use BLOCK CAPITALS

If you are claiming this plan as Executor of the deceased's Estate, we require completion of the following:

- Section A and B (i)
- Section C if the beneficiary is the spouse or registered civil partner of the deceased **OR**
- Section D if the beneficiary is a deceased's child **OR**
- Section E if the beneficiary is neither a spouse, registered civil partner or child of the deceased.

The taxation treatment of payments from this plan are outlined on page 5 of this form

#### If you are claiming this plan as Next of Kin of the deceased, we require completion of the following:

- Section A and B (ii)
- Section C if the beneficiary is the spouse or registered civil partner of the deceased **OR**
- Section D if the beneficiary is a deceased's child OR
- Section E if the beneficiary is neither a spouse, registered civil partner or child of the deceased.

The taxation treatment of payments from this plan are outlined on page 5 of this form

## Checklist

#### To process this claim, we also require the following:

- Fully completed claim form
  Certified copy of Death Certificate
  Certified copy of Death Certificate
  Certified copy of Will
  Certified copy of Grant of Probate or Letters of Administration is required in all cases if the value of the claim with Irish Life is greater than €100,000
  A copy of valid photographic and address identification (e.g. passport and utility bill dated in the last 6 months) of the person claiming
  Have you selected an option in Section C, D or E and provided the appropriate paperwork to complete this option
  Have you submitted a Willing and Able Letter from the Life office where you will be investing the fund if you are not investing in an ARF with Irish Life?
  Are you satisfied with the tax due if you are withdrawing funds now? (see tax implications on page 5 of claim form)
  - Completion of the Identification of Beneficiary of Life Assurance and Investment Related Policies Supplementary Claim
    Form

Please return documentation to Pensions Retirement Team, Irish Life Assurance, Irish Life Centre, Lower Abbey Street, Dublin 1.

A certified copy is a copy of the original document which has been stamped as a true copy by a solicitor, any bank or financial institution at a Garda Station.





## POST-RETIREMENT DEATH CLAIM FORM

| Section A (i) - P              | lan Details                       |            |
|--------------------------------|-----------------------------------|------------|
| Life Covered                   |                                   |            |
|                                | (Name of the person who has died) |            |
| Date of Death (dd/mm/yyyy)     |                                   |            |
| Plan Numbers                   |                                   |            |
| Did the person who died leav   | re a Will?                        | Yes 🔘 No 🔵 |
| Is probate being extracted?    |                                   | Yes 🔘 No 🔵 |
| Is there a surviving spouse or | registered civil partner?         | Yes 🔘 No 🔵 |
| Are there any children over 1  | 8?                                | Yes 🔵 No 🔵 |

### Section B (i) - The Executor/ Administrator must complete this section

This section must be completed where the total claim with Irish Life is more than €100,000. We will also require a certified copy of Grant of Probate or Letters of Administration. Please also submit a copy of the deceased's Will if one was made.

#### **Cheque Payee**

| Name of Executor/Administrator |  |
|--------------------------------|--|
| Address                        |  |
|                                |  |
|                                |  |

If you require the **cheque** to be made payable to your **solicitor's client account** please provide us with the payee details:

Payee Name

Please

Please

Payee Address

#### **Declaration and consent**

I confirm that the answers to the questions in Sections A and B(i) are correct and I have not withheld any information. I am legally entitled to claim the amount you will pay under the plan(s) shown above.

|               | Signature of Executor/ Administrator 1                           | X |
|---------------|--|---|
| sign and date | Name in BLOCK CAPITALS   |   |
| sign and date | Signature of Executor/ Administrator 2<br>Name in BLOCK CAPITALS | × |
|               | Date (dd/mm/yyyy)  |   |

## Section B (ii) – To be completed by Next of Kin if the deceased has left no Will and Letters of Administration are not being sought

#### This section can only be completed where the total claim with Irish Life is less than €100,000

#### **Declaration and consent**

I confirm that the answers to the questions in Sections A and B(ii) are correct and I have not withheld any information. I am legally entitled to claim the amount you will pay under the plan(s) shown above.

If Irish Life agrees not to wait for Letters of Administration or grant of Probate, I agree to indemnify and pay to Irish Life an amount equal to all losses, liabilities, costs, expenses or damages, legal costs or other reasonable professional costs and expenses suffered or incurred by Irish Life which arise (directly or indirectly) out of or in connection to the payment of the said sum to me including (but not limited to) any tax suffered or incurred by Irish Life in connection with or arising out of or related to the making of such payment to me.

Name of the claimant

| (next of kin who is claiming) |
|-------------------------------|
|                               |

Relationship to the deceased

| ( |  |  |  |      |
|---|--|--|--|------|
|   |  |  |  | <br> |
|   |  |  |  |      |
|   |  |  |  | <br> |

Please sign and date

## Signature

Date (dd/mm/yyyy)

**Further Instructions** To allow us to pay the claim without a formal will, the following people should also sign below.

- If you are the surviving husband or wife all the deceased's children over 18 must sign below
- If you are the brother or sister of the person who has died all other brothers or sisters must sign below
- If you are the surviving parents both parents must sign below

| Name | Signature | Relationship to deceased |
|------|-----------|--------------------------|
|      |           |                          |
|      |           |                          |
|      |           |                          |
|      |           |                          |
|      |           |                          |
|      |           |                          |

## Section C – If the spouse or registered civil partner is the beneficiary, please select one of the following:

| Α. | . Transfer the value of the AMRF, ARF, Vested PRSA or Personal Pension after age 75<br>into a new ARF in spouse's/civil partner's own name with Irish Life  | $\bigcirc$ |
|----|---|------------|
|    | (A new application form must be completed and a new ARF contract will be set up)  |            |
| В. | . Transfer the value of the AMRF, ARF, Vested PRSA or Personal Pension after age 75 into a new ARF with another provider  | $\bigcirc$ |
|    | (Please give details of the provider below and submit a willing and able letter from them) Name of Provider:  |            |
| C. | <b></b> Draw down the value of the fund subject to tax.<br>The taxation implications are outlined on page 5 of the form. Where income is due on death of an AMRF/ARF holder, the value of the policy at the date of death will be treated as income for the year in which death occurs. Irish Life are liable to deduct tax at the appropriate income tax rate applicable for the year the death claim is made, before passing the remainder to the personal representatives. | $\bigcirc$ |
| D  | <ul> <li>Use the value of the fund to purchase a pension for life (an annuity).</li> <li>(An annuity application form will need to be completed or confirmation of the annuity provider</li> </ul>  | $\bigcirc$ |

### Section D - Please complete if the beneficiary is the deceased's child

| Name | Signature | Age at date<br>of death | % to be paid to<br>each child |
|------|-----------|-------------------------|-------------------------------|
|      | X         |                         |                               |
|      | X         |                         |                               |
|      | ×         |                         |                               |
|      | ×         |                         |                               |
|      | ×         |                         |                               |

The taxation treatment of payments from this plan are outlined on page 5 of this form.

## Section E - Please complete if you are the beneficary who is neither spouse, registered civil partner or child of the deceased

| Name | Signature | Relationship<br>to deceased | % to be paid to<br>individual |
|------|-----------|-----------------------------|-------------------------------|
|      | X         |                             |                               |
|      | X         |                             |                               |
|      | X         |                             |                               |

The taxation treatment of payments from this plan are outlined on page 5 of this form

We can only process claims when we receive all of the documents we need. By sending you this form, we are not admitting liability.

Please use this space to provide any more information that you think may help us to process this claim faster or to outline any specific instructions you would like us to note.

## Taxation of post April 2000 AMRFs and ARFs and Vested PRSAs and Personal Pensions after age 75. For details on pre April 2000 ARFs and AMRFs please contact us.

| AMRF, ARF, Vested PRSA or<br>Personal Pension after age 75                         | Income Tax Due  | Capital Acquisitions Tax       |
|--|---|--------------------------------|
| To an ARF in the name of surviving spouse or registered civil partner              | No immediate income tax due if spouse/civil partner<br>transfers the inherited AMRF or ARF, Vested PRSA or<br>Personal Pension after age 75 to another ARF in his or<br>her own name.<br>Subsequent withdrawals are treated as income for the<br>spouse /civil partner and are subject to income tax,<br>Universal Social Charge (USC) and PRSI (if applica-<br>ble). The amount of tax due will depend on the total<br>income received by the spouse/civil partner during<br>the tax year in which the withdrawal is made.   | No                             |
| To the spouse or registered civil partner<br>directly as a lump sum payment        | Alternatively if the spouse/civil partner decides not<br>to take out an ARF in their own name and instead<br>decides to take the amount as a lump sum, income<br>tax, USC and PRSI (if applicable) will apply at the<br>deceased's marginal rate.<br>If Irish Life have not received a Certificate of Tax and<br>Standard Rate Cut Off Point or a tax deduction card<br>for the tax year we are obliged to deduct income tax<br>and USC at the higher rate. If this results in an over-<br>payment of income tax, USC or PRSI then the estate<br>may take into consideration when filing an income tax<br>return with the Revenue Commissioners and request a<br>rebate of any overpayment. | No                             |
| If the spouse or registered partner is purchasing a pension for life (an annuity). | All annuity payment are subject to PAYE and USC.<br>Irish Life will deduct tax at the higher rate of tax unless<br>tax credits are allocated to Irish Life under tax regis-<br>tered number 0087900D. You should contact your<br>local inspector of taxes in relation to this.  | No                             |
| Child Under 21   | No income tax due   | Yes, subject to CAT thresholds |
| Child 21 or over   | Yes, at a rate of 30%   | No                             |
| Others   | Yes, at the deceased's marginal rate.<br>If Irish Life have not received a Certificate of Tax and<br>Standard Rate Cut off Point or a tax deduction card for<br>the tax year we are obliged to deduct income tax and<br>USC at the higher rate. If this results in an overpay-<br>ment of income tax, USC or PRSI then the estate may<br>take into consideration when filing an income tax<br>return with the Revenue Commissioners and request a<br>rebate of any overpayment.   | Yes, subject to CAT thresholds |

## Death of a surviving spouse who had converted to an ARF in his/her own name

| Fund on death passes to | Income Tax             | Capital Acquisitions Tax (CAT)  |
|-------------------------|------------------------|---------------------------------|
| Child under 21          | No income tax due      | Yes (subject to CAT thresholds) |
| Child over 21           | Yes – at a rate of 30% | No                              |
| Others                  | Yes – at a rate of 30% | Yes (subject to CAT thresholds) |



## **IDENTIFICATION OF BENEFICIARY OF LIFE ASSURANCE AND INVESTMENT RELATED POLICIES** SUPPLEMENTARY CLAIM FORM

We are obliged under AML legislation to identify the Beneficial owner of the proceeds of the policies.

| Plan Number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Plan Owner 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Plan Owner 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### 1. Beneficiary Details

For each Beneficiary of this plan please complete the following (refer overleaf for definition of a PEP or RCA)

| First Name | Last Name | Address | Date of Birth | PEP/RCA    |
|------------|-----------|---------|---------------|------------|
|            |           |         |               | Yes No     |
|            |           |         |               | Yes 🔿 No 🔵 |
|            |           |         |               | Yes 🔿 No 🔵 |
|            |           |         |               | Yes 🔿 No 🔵 |
|            |           |         |               | Yes No     |

Refer overleaf for definition of PEP/RCA

If you have answered Yes to PEP/ RCA question, please tick the box Overleaf.

### 2. PEP/RCA Status

Are any Trustees, Settlors, Appointers or; in the case of a company, a director or beneficial owner associated with this plans a PEP/RCA.

Yes ( ) No ( )

If so please provide name address DOB and Role below (insert box below)

|                      | First Name  | Last Name   | Address | Date of Birth |  |  |  |
|----------------------|---|---|---------|---------------|--|--|--|
|                      |   |   |         |               |  |  |  |
| Please sign and date |   |   |         |               |  |  |  |
|                      |   |   |         |               |  |  |  |
|                      |   |   |         |               |  |  |  |
|                      |   |   |         |               |  |  |  |
|                      | > Signature   | ×   |         |               |  |  |  |
|                      | Date (dd/mm/yyyy)   |   |         |               |  |  |  |
|                      | Capacity in which you are   | signing   |         |               |  |  |  |
|                      | If signing as an executer, Administrator of a will, Next of Kin or as a solicitor please state the capacity in which you are signing. |   |         |               |  |  |  |
|                      | If you are signing on beha  | If you are signing on behalf of a Trust please state "Trustee". |         |               |  |  |  |

If you are signing on behalf of a company you should precede your signature with "for and on behalf of 'company name'......"

### **Information Note**

#### Who is a Politically Exposed Person (PEP)?

A "politically exposed person" means any individual, who currently is, or has at any time in the past 12 months, been entrusted with a prominent public function and performs one of the following roles :

|  | Please tick if appropriate |
|--|----------------------------|
| (A) A member of a parliament/ member of a legislature or equivalent  | $\bigcirc$                 |
| (B) A member of a Supreme Court, Constitutional Court or any other high<br>level judicial body which passes non-appealable verdicts (except in exceptional<br>circumstances) | $\bigcirc$                 |
| (C) A member of a court of auditors or the board of a central bank   | $\bigcirc$                 |
| (D) An ambassador, charge d'affairs or high ranking officer in the armed forces  | $\bigcirc$                 |
| (E) A member of the administrative, management or supervisory body of a state owned enterprise   | $\bigcirc$                 |
| Who is a Relative ?  |                            |
| (A) Any spouse of the Politically Exposed Person   | $\bigcirc$                 |
| (B) Any person who is considered to be a common law spouse of the politically exposed person under law   |                            |
| (C) A child of the politically exposed person  | $\bigcirc$                 |
| (D) Any spouse of the child of a politically exposed person  | $\bigcirc$                 |
| (E) Any parent of the politically exposed person   | $\bigcirc$                 |
| (F) Any other family member of the politically exposed person who is of a prescribed class set out by the Department of Finance  | $\bigcirc$                 |
| Who is close associate ?   |                            |
| (A) Any individual who has a joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations with the politically exposed person    | $\bigcirc$                 |
| (B) Any individual who has a sole beneficial ownership of a legal entity or legal arrangement set<br>up for the actual benefit of the politically exposed person             | $\bigcirc$                 |
|  |                            |

\*Ultimate Beneficiary

The Person(s) who will receive payment from the proceeds of this plan.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1. T: 01 704 1010 🔹 F: 01 704 1900

