



AVC TRANSFER OUT FORM

FOR PRSA AVCs AND STANDALONE AVCs



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 www.irishlife.ie or you can ask us for a copy.

Section 1: Customer / Member and employment details

Irish Life Plan Number

Customer / Member Name

Date of Birth

Employer Name
(relating to your existing
AVC / PRSA AVC plan)

Is the main scheme also transferring? Yes No

If No, please confirm what is happening with the main scheme

Date of withdrawal

Withdrawal due to: Scheme wind up Member leaving service Change of provider

If member left this employment please confirm date

Section 2: Transfer Options

Please tick one option below

(A) Transfer to an occupational pension scheme

Please give the name of the employment the receiving scheme is in respect of

What is the Revenue approval or submission reference number of the receiving scheme?

Is the receiving scheme self administered? Yes No

If you answer Yes to the above question we need a copy of the Revenue Approval letter in order to proceed.

Is the receiving scheme defined benefit or defined contribution? DB DC

(B) Transfer to a PRSA

Is the PRSA being set up as a PRSA AVC? Yes No

(C) Transfer to Buy Out Bond / Personal Retirement Bond (PRB)

(D) Transfer to an overseas pension scheme

Country where new scheme is contracted

Are you currently employed in that country? Yes No

The option to transfer based on a Revenue submission reference (SR) number is only available to Standalone AVCs

Note: if the main scheme is not transferring to a PRSA, then the receiving PRSA must be set up as a PRSA AVC.

This option is only available to Standalone AVCs. PRSA AVCs cannot transfer to Buy Out Bonds / PRBs.

Note: In addition to this form the Overseas Transfer Form must be completed by the customer / member and the receiving scheme.

Section 3: Payment details

The cheque will be drawn in the name of the insurance company / trustee / PRSA provider to which the transfer is being made.

Name of insurance company

Cheque payee

Address to which the cheque will be sent

Receiving arrangement policy reference

Administrator Contact name

Section 4: Pension Adjustment Order

Has a Notice to Trustees been served in connection with a judicial separation or divorce of this customer? Yes No

Has a Pension Adjustment Order been issued or is in the process of being issued in respect of pension benefits held on behalf of this customer / member? Yes No

If Yes please provide a copy of the Notice to Trustees or Pension Adjustment Order.

If this section is not completed we will assume that a Notice to Trustees or a Pension Adjustment Order has not been issued on the pension plan.

Section 5: Trustee Declaration (Not required where transferring plan is a PRSA AVC)

I hereby declare that, I being Trustee of the scheme, am legally entitled to claim the amount payable as indicated, cancelling all risk benefits from the date of withdrawal, where applicable. I confirm that the information provided above is correct and that where applicable

- the receiving scheme has been approved by or has been submitted for approval by the Revenue Commissioners
- the receiving PRSA plan has been approved by the Revenue Commissioners and The Pensions Authority

I confirm that when all the assets of the scheme have been disposed in accordance with the Rules, the scheme shall then be deemed to be terminated.

I confirm that where the scheme does not already contain the appropriate rule, the scheme rules are hereby endorsed to allow

- the member's benefits be transferred to a receiving scheme where an application for approval has been submitted to the Revenue Commissioners for consideration
- the member to opt for the ARF/AMRF option in accordance with Section 772 of the Taxes Consolidation Act 1997, as amended.



Please sign and date

Signature of trustees

Name in block capitals

Position in company

Date

Section 6: Member / Customer Declaration (To be completed in all cases)

I hereby instruct the Trustees of the existing scheme or Irish Life Assurance plc (Irish Life) where applicable that on cessation of my membership of the above numbered standalone AVC / PRSA AVC (existing scheme) as noted on this form, the benefits I would be entitled to hereunder will be transferred to the selected occupational pension scheme, PRB, PRSA or overseas pension scheme. I understand that no pension and / or life assurance benefits will be provided for me under the previous scheme with effect from the date of the transfer. In consideration of the payment of an appropriate transfer to the selected occupational pension scheme, PRB, PRSA or overseas pension scheme I hereby release the Trustees of the existing scheme (where applicable) and/or Irish Life for all liability of benefits thereunder with effect from the date of such transfer. I confirm that when all the assets of the scheme have been disposed in accordance with the Rules, the scheme shall then be deemed to be terminated.



Please sign and date

Signature of member / customer

Name in block capitals

Date

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: 01 242 2920 • W: www.irishlife.ie

