

Company Pension Transfer out form

For the Irish Life Retail Master Trust or a one-member Company Pension

Before you give us your personal information it is important that you know what your data protections rights are and how and why your personal information is used. This is set out in our Irish Life Data Privacy Notice which is always available on our website at <https://www.irishlife.ie/privacy-notices/> or you can ask us for a copy. If you are a member of the Irish Life Retail Master Trust, the Trustee's Data Privacy Notice is also available at www.irishlife.ie/retail-master-trust.

Guidance Notes

Transfers to a buy out bond / personal retirement bond: this option is available

- After leaving employment, or
- If your employer has agreed to terminate your membership of the scheme.

Transfer from a Master Trust plan to a PRSA: this option is available after leaving employment.

Transfer from a one-member schemes set up by letter of exchange to a PRSA: this option is available

- After leaving employment, or
- If your employer has agreed to terminate your membership of the scheme.

Transfers to an overseas pension arrangement: this option is available

- After leaving employment, or
- If your employer has agreed to terminate your membership of the scheme

The overseas transfer form must be completed by the member and the receiving scheme in addition to this form. Overseas transfers are subject to a number of conditions. Before Irish Life can transfer your pension to an overseas pension arrangement we will need to assess the completed overseas transfer form.

Refund of Contributions: may be allowed

- after leaving service, or
- if your employer has agreed to terminate your membership of the scheme.

This option is subject to a number of conditions regarding years of service, 20% director status, employment in other EU countries and having paid employee contributions or AVCs.

Plans Being Claimed

Plan number

Member name

Section 1: Member and employment details

Employer Name

a)	Have you stopped working with the above employer?	Yes	No
	If yes, what date did that employment end?		

b)	Are you still working with the above employer but have agreed with your employer to terminate your membership of the plan?	Yes	No
	If yes, from what date does your membership end?		

If you answered Yes to question (a) or (b) above, please provide the following information about your salary and service with the employer named above.

Date of joining service

Final salary (for employees) €

Or

If 20% director, last 3 years salaries before leaving employment	€	Year
	€	Year
	€	Year

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 a small self-administered scheme? Yes No

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

Or

B. Transfer to a buy out bond/personal retirement bond

Or

C. Transfer to a PRSA

Or

D. Refund of Contributions

Proceed to Section 3

Or

E. Transfer to an Overseas Pension Arrangement

Country where new scheme is contracted

Are you currently employed or resident in that country? Yes No

Section 3: Refund of Contribution

1. Before starting this employment were you

Employed in another EU country (including UK until 31 December 2020)	Yes	No
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A member of a supplementary pension scheme	Yes	No
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If you have answered yes to both of the above, and if you are requesting a refund of the value of contributions in Section 2 (D) please also provide a copy of the leaving service statement from your previous supplementary pension scheme

Or

a letter from your former employer or the scheme administrator confirming that you were an employee in another EU member state as an active member of a supplementary pension scheme

This should confirm in English:

- The name of your former employer
- The name of the supplementary pension scheme
- The country in which you were employed
- Your date of leaving your former employment

2. After leaving this employment will your next employment be in another EU country (including UK until 31 December 2020)

Yes	No
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If yes and if you are requesting a refund of the value of contributions in Section 2 (D) please also provide a letter from your new employer confirming in English

- The name of your new employer
- The country in which you will be employed
- Your date of joining your new employer

Section 4: 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 cheque will be sent

Receiving arrangement policy reference

Contact name

Section 5: Pension Adjustment Order

Has a notice to Trustees been received in connection with a judicial separation or divorce of this member?

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 the above member?

Yes

No

If yes, please provide a copy of the 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 6: Trustee declaration

(Must be the trustee of the plan number being claimed)

Complete in all cases, unless your plan is in the Irish Life Retail Master Trust or if Harmony Pension Trustees is acting as trustee.*

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 if the transferring scheme is a one-member arrangement established by Letter of Exchange then 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 option in accordance with Section 772 of the Taxes Consolidation Act 1997, as amended.

Signature of trustees*

Name in block capitals

Position in company

Date

Please sign and date

*In the event that your plan is in the Irish Life Retail Master Trust or if Harmony Pension Trustees act as trustee then Irish Life will contact the trustee on your behalf to let them know of your request and to arrange for them to complete any additional requirements.

Section 7: Member declaration

(to be completed in all cases)

I hereby instruct the Trustees that, on cessation of my membership of the above numbered pension scheme (previous scheme) as noted in this form, the benefits I would be entitled to thereunder will be transferred to the selected scheme/ buy out bond/personal retirement bond/ PRSA. 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/refund. In consideration of the payment out selected above, I hereby release both the Trustees of the above named scheme and Irish Life Assurance plc for all liability of benefits thereunder with effect from the date of such transfer. I understand that payment of cash under Option D above may mean that I will not receive a benefit from the employer contributions under the scheme. I confirm that if the transferring scheme is a one-member arrangement established by Letter of Exchange then when all the assets of the scheme have been disposed in accordance with the Rules the scheme shall be deemed to be terminated.

Please sign and
date

Signature of member

Name (CAPITAL LETTERS)

Date
