

# Retirement Extra Plan

## Employer/Trustee Application Form

Please complete every item on this form in **BLOCK CAPITALS**. If any item is blank or illegible, it may cause a delay in processing your application. Please send us employee information on a spreadsheet or on application forms for all members of the plan. If we are missing any information you and your employees may not be able to claim tax relief or benefits from your Additional Voluntary Contribution (AVC) plan.

Please ensure that you fully understand all questions and notes. Your broker or Irish Life Account Manager will be on hand to help you.

Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at [www.irishlife.ie/privacy-notice](http://www.irishlife.ie/privacy-notice) or you can ask us for a copy.



### Section 1: Your Company Details

Name of Employer

Address for Correspondence

Use only if registered address is different from above for Revenue approval.

Registered Address

Administration Contact Name

Email Address

Phone

Fax

Payroll Contact Name

Payroll Contact Email Address

Payroll Contact Phone

Name of Payroll Package/Software used

Nature of business

Company registration number

Tax reference number

Tax district

Number of employees in Company

Full-time employees

Part-time employees

Please name each employee who alone or together with his/her spouse/civil partner, directly or indirectly owns or controls shares carrying:

- a. 20% or more of the voting rights of the employer
- b. 5% or more of the voting rights of the employer

Names of other participating employers

Degree of Association

**Note:** If there are other participating employers a Deed of Adherence must be submitted together with this application form.

## PLAN DETAILS

### Section 2: Agent Details

We appoint \_\_\_\_\_ as our agent for this plan.

Contact name

Code

To be completed by your Broker or Irish Life account manager

Address

Email Address

Phone

Fax

### Section 3: AVC Contribution Details

Frequency of payment\*      Monthly  
   Quarterly in advance  
   Yearly in advance

Please note that all contributions must be paid within 21 days of the end of the month on which they are deducted from the members. If payments are made less frequently than monthly, then you need to ensure that all contributions are paid within 21 days of the end of the first month of your chosen payment period.



For example, if you decide to pay yearly in advance and the 1st month of the year is January, all contributions must be paid by 21 February.

#### Method of payment

\*If you have selected variable SEPA Direct Debit or automatic SEPA Direct Debit as your payment method please complete the SEPA Direct Debit mandate in section 15 of this application form.

<b>Variable SEPA Direct Debit*</b>	With variable SEPA Direct Debit you can instruct Irish Life Corporate Business to collect your pension contributions from your bank account each month by sending your contribution schedule by email to <a href="mailto:code@irishlife.ie">code@irishlife.ie</a> or through Secure Path on Pension Planet Interactive.
<b>Automatic SEPA Direct Debit*</b>	With Automatic SEPA Direct Debit your pension contribution is collected from your bank account each month on a no change basis.
<b>Electronic Fund Transfer</b>	With Electronic Fund Transfer you can transfer payments directly from your bank account to our bank account.

#### Declaration

I/we confirm that I/we have read, understood and accepted the terms and conditions provided to me/us regarding the payment method I/we have chosen from the list above.

Please sign and date

Signature

Date

#### Payment method for member contract charge and Pensions Authority fee

Payment will be invoiced with life assurance and income protection costs. However, if there are no risk benefits, charges will be invoiced once per year.

Invoiced      or      Monthly unit deduction

I/we confirm that I/we have read, understood and accepted the terms and conditions provided to me/us regarding the payment method I/we have chosen from the list above.

Start date of plan as on Declaration of Trust

Annual review date

Contribution start date

Standard contribution rates      €

If contribution rates differ for individual employees the individual rates can be specified in the employee application forms.      % of salary

Other

## Section 4: Investment Details

### Default investment choice

In this section the Trustees must select one scheme fund choice or investment strategy which will be used if members choose not to make their own investment decisions or do not specify an individual fund choice on their application form.

### Restricted fund choice

We can make all funds offered by Irish Life Corporate Business available in your scheme. Alternatively, if you wish to restrict the choice of funds available to members to choose from please let us know which selection of funds should be made available to the members.

Further information on the fund options is available on [www.irishlifecorporatebusiness.ie](http://www.irishlifecorporatebusiness.ie)

You Contribute	Default Investment Choice. Please select one from below.	Restricted fund choice	Yes	No
EMPOWER Personal Lifestyle Strategy - AVC*/**		You can select any number of funds. If YES, please fill in details of the funds below. If NO, all funds are available.		
EMPOWER Personal Lifestyle Strategy - Tax Free Cash*				
EMPOWER Cash Fund				
EMPOWER Stability Fund				
EMPOWER Cautious Growth Fund				
EMPOWER Pension for Life Fund				
EMPOWER Growth Fund				
EMPOWER High Growth Fund				
Indexed World Equity Fund				
Other fund please specify				
Other fund please specify				

\*100% of contributions must be invested in the EMPOWER Personal Lifestyle Strategy if you select either the EMPOWER Personal Lifestyle Strategy – AVC or the EMPOWER Personal Lifestyle Strategy – Tax Free Cash.

\*\*EMPOWER Personal Lifestyle Strategy – AVC: this version of EMPOWER PLS can only be selected for schemes where up-to-date salary details are provided at each annual review date.



## Section 5: Scheme Rules

What is the normal retirement age?      60      65      Other

The chosen retirement age must be the same as for your main pension arrangement.

## TRUST DETAILS

### Section 6: Details of Trust Document

Pension schemes are established under trust.

Is this AVC plan being established under the rules of the main company pension scheme?      Yes      No

If yes please provide:

- > A copy of the Trust Deed
- > Pensions Authority Reference Number
- > Copy of Revenue Approval
- > Name of company where main pension scheme is administered.

If no, proceed to next section.

The following two options are available in relation to the preparation of Trust documents and the appointment of Trustees:

**i. If you are using Irish Life Trust Documents please select the relevant options.**

- a. The Principal Employer will act as Trustee
- b. Named individuals (minimum of 3) will act as Trustees
- c. A corporate body will act as Trustee
- d. The Principal Employer, together with (b) or (c) above will act as Trustees

**ii. If you are not using Irish Life Trust Documents please complete.**

- e. A new scheme is being established and documentation is being prepared by another party
- f. The scheme is already documented under an approved Trust

Please complete the following sections if you have selected (e) or (f) above.

**Please provide a copy of the Trust Deed and Rules**

Type of Deed used

Date the Deed was signed

Registered address on the Deed

Pensions Authority Number

The scheme has been approved by the Revenue Commissioners Yes      No

Please provide a copy of the Formal Revenue Approval letter

Revenue Reference Number

If options (b), (c) (d),(e) or (f) are chosen, full details of the Trustees' names and addresses are required.

1. Trustee Name
Trustee Address
2. Trustee Name
Trustee Address
3. Trustee Name
Trustee Address
4. Trustee Name
Trustee Address

## REGISTERED ADMINISTRATOR

The Social Welfare and Pensions Act 2008 require that the Trustees of a scheme appoint a Registered Administrator, who is responsible for maintaining scheme records and preparing, within prescribed timeframes, Annual Member Benefit Statements and scheme Trustee Annual Report.

Irish Life has been registered with the Pensions Authority and so can, in certain circumstances, provide these services. Should you appoint Irish Life Assurance plc as Registered Administrator, we will set out any responsibilities the Trustees have in order to meet the prescribed timeframes.

Alternatively, should you appoint someone else as your Registered Administrator, Irish Life Assurance plc can also act as an Outsourcer to the Registered Administrator.

## Section 7: Registered Administrator

Please confirm the following:

- |    |  |     |    |
|----|--|-----|----|
| a. | Is the scheme being established under a new Trust? | Yes | No |
| b. | Will all assets be with Irish Life Assurance plc?  | Yes | No |

If you have answered No to either of these questions please continue to part (d).

- c. If you have answered yes to both (a) and (b) above please confirm with a tick whether you wish to appoint Irish life Assurance plc as Registered Administrator or as an Outsourcer for the following services:

	<b>Registered Administrator</b>	<b>Outsourcer</b>
--	---------------------------------	-------------------

Member Benefit Statements

Annual Trustee Report

If Irish Life Assurance plc are being appointed as an Outsourcer, for either service, please confirm who you have appointed as the Registered Administrator

Registered Administrator

Address

Please also attach a copy of the registration with the Pensions Authority appointing Irish Life Assurance plc as the Outsourcer, or written confirmation from the Registered Administrator that Irish Life Assurance plc is to be appointed as an Outsourcer, with this application.

- d. If the scheme is not being established under a new Trust and/or all assets are not transferring to Irish Life Assurance plc, further information will be required to determine whether Irish Life Assurance plc can act as Registered Administrator or as an Outsourcer to another Registered Administrator. Please discuss this with your Irish Life Account Manager and provide further details in the notes page of this document.

If this policy is being taken out and is documented under your main company pension plan, then you will need to advise the Registered Administrator of your main plan that there is now an additional policy attaching to the Trust. This will allow them to prepare the necessary member annual benefit statements and to include the assets of this policy in the Trustee report for the Trust.

---

## ONLINE ACCESS

### Section 8: Online Access

#### Pension Planet Interactive

Pension Planet Interactive is the Irish Life Corporate Business secure online pension enquiry and processing system for Trustees, Brokers, Administrators and Members.

#### Trustee consent to Online access

In order for the information contained on the websites to be made available it is necessary that the Trustees of the pension scheme give their consent.

The Trustees' signatures on this form confirms consent has been granted to the following groups:

- a. Full access for the Trustee to Pension Planet Interactive
- b. Full access for the administrator in the Employer's office (e.g. HR or Payroll department) to Pension Planet Interactive
- c. Full access for the appointed Agent to Pension Planet Interactive
- d. Full access for members to their own pension plan details through Pension Planet Interactive

Access for Trustees, Administrators and Agents is subject to the named person

- i. Continuing in the relevant role.
- ii. Agreeing to abide by the terms and conditions for use of the services.

You must immediately notify Irish Life Assurance plc if access to this information is to be withdrawn from any of the above. If a trustee, administrator or agent is replaced for any reason they will continue to have access to this information until we are asked to remove their access. It is your responsibility to notify us of any changes as they occur.



### Email contact details

In order for access to be granted electronically please provide the relevant email addresses. Please note that these email addresses must be unique and not a shared email account.

Trustee email

Administrator email

Agent email\*

If different to email address provided on page 2.

## SIGNATURES

### Section 9: Employer and Trustee Declaration

I declare that the answers to the above questions regarding:

- > Company Details (Section 1)
- > Agent, Contribution and Investment Details (Section 2, 3 + 4)
- > Details of the Trust Document (Section 6)
- > Registered Administrator (Section 7)
- > Scheme Rules (Section 5)
- > Pension Planet Interactive and online access (Section 8)

Have been provided honestly and with reasonable care and that the contract with Irish Life Assurance plc. shall be comprised of this Application and Declaration.

We declare that we have applied for the Retirement Extra Plan, as indicated above and that we have selected specific conditions to apply as indicated above and in the Employee details submitted. We understand that the establishment of the Retirement Extra Plan is conditional on the approval of the arrangement by the Revenue Commissioners as an exempt approved scheme under the Taxes Consolidations Act 1997.

### Duly authorised to sign for and on behalf of the employer

Please sign and date

Employer Signature

Date

Status (e.g. Director/Secretary)

Trustee Signature

Date

### Section 10: Data Privacy Notice and Consents

We confirm we have been informed about the Irish Life Data Privacy Notice and where to find it. We will advise all potential AVC members whose data we are providing to you of the availability of the Irish Life Data Privacy Notice.

Employer Signature

Date

Trustee Signature

Date

I/We hereby agree that the contract between the Trustees and/or Employers and Irish Life Assurance plc. shall be comprised of this Application and Declaration. I/We understand that the contracts are conditional on the establishment of the plan under trust and on the approval of the arrangement by the Revenue Commissioners as an exempt approved scheme under the Taxes and Consolidations Act 1997.

Employer Signature

Date

Trustee Signature

Date

Authorised and signed off on behalf of Employer and Trustees

## OTHER RELEVANT INFORMATION

Please use this page to record any relevant information or notes you may wish to include,

# SEPA Direct Debit Mandate

Unique Mandate Reference

To be completed by the creditor - Irish Life Assurance plc

Creditor Identifier

**By signing this mandate form, you authorise:**

- A. Irish Life Assurance plc 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 Assurance plc.

Under SEPA Regulations, before the first collection of the direct debit, unless otherwise agreed between the Creditor and the Debtor, we must give 14 days notice.

Please tick here to waive this right

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.

**Please complete ALL the fields below, if any item is blank or illegible this will cause a delay in processing your mandate.**

This section  
must be  
completed

Your Name

Your Address

City/Postcode

Country

Bank Account Number (IBAN)

- - - - -

Swift Bic

- -

Credit Name

Credit Address

Please tick one  
box only

Type of Payment      Recurrent      or      One-off payment

Please sign and  
date

Signature

Date

**When you have signed this form please return it to:**

Irish Life Assurance plc, Corporate Business, Lower Abbey Street, Dublin 1.

**The above direct debit mandate relates to:**

Pension Scheme Name

Pension Scheme Number