

# Additional Voluntary Contributions

## Employee Application Form

This form should only be used for NEW members of the Additional Voluntary Contributions (AVC) Plan. **Please complete every item on this form in BLOCK CAPITALS.** If any item is blank or illegible, this will cause a delay in processing your application. If you are unsure about any item, you should ask your HR department or the plan adviser.

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 <http://www.irishlifecorporatebusiness.ie> or you can ask us for a copy.



### Section 1: Scheme Details

Scheme Name

Scheme Number

### Section 2: Your Details

Title      Mr      Mrs      Miss      Ms      Other

First Name      Surname

Address

Phone      Work      Mobile

Please provide your mobile phone number and your email address, both are needed so you can access your pension saving details through our online services.

Email Address

Date of Birth      Male      Female

Relationship Status      Married      Single      Widow(er)      Separated      Divorced      Civil Partner

PPS Number

Use both first name and surname in your employee records.

PPS Number should contain 7 digits and 1 or 2 letters. This is required for Revenue Approval.

### Section 3: Your Employment and Membership Details

Date employment started      Date plan membership is to commence

Payroll/Staff Number      Current Salary €      per annum

Precise Occupation

Are you a:      20% director      Yes      No      5% director      Yes      No

### Section 4: Benefits from Previous Employment Plan

Are you a member of your employer's main Pension Plan?      Yes      No

If yes, please state the name of the plan or employer

If you wish to transfer these benefits to this plan, please fill out a separate Transfer of Benefits Form.

If you wish to transfer additional voluntary contributions from a previous employment to this plan, please fill out a separate Transfer of Benefits Form. If you decide to do this, then you must also transfer your main plan benefits from a previous employment to your current employer's main plan.

## Section 5: Your Pension Contribution Details

Date plan contributions are to commence

Regular Once-off

Additional Voluntary Employee Contributions\* % of salary OR € €

Age	Maximum annual contributions as % of gross salary
<30	15%
30-39	20%
40-49	25%
50-54	30%
55-59	35%
Age 60 & Over	40%

Employees may qualify for tax relief on their own pension contributions. The percentage of your contributions that you can claim tax relief are shown in the table opposite. This includes any contributions you make to your main scheme.

The maximum earnings limit for tax relief on pension contributions for 2022 is €115,000.

Please refer to your member booklet or our website [www.irishlifecorporatebusiness.ie](http://www.irishlifecorporatebusiness.ie) for details on the Standard Fund Threshold allowable for tax relief purposes. Remember that when you retire or transfer your benefits from your employer's main plan, you must also take your AVC benefits at the same time.

## Section 6: Investment Details

Please indicate your chosen investment option for your future contributions by ticking the box at the left hand side of your chosen option. Further information on the fund options is available on [www.irishlifecorporatebusiness.ie](http://www.irishlifecorporatebusiness.ie). You must choose one and one only of **Options 1 or 2 below**. If you do not indicate your preferred option your future contributions will be invested in the default investment option chosen by the Trustees i.e. Option 1 below.

\*100% of contributions (this means Regular and Once-Off contributions) must be invested in a strategy if selected.

### Be My Guide Option 1 - Trustee Default Investment Option

The Trustees of the plan have selected the **Irish Life EMPOWER Personal Lifestyle Strategy (EMPOWER PLS)\*** as the current default investment option for the plan.

EMPOWER PLS first invests in a growth fund and then starts to switch into less volatile funds from 11 years to retirement which helps protect your pension fund value against market fluctuations as you get closer to retirement. From 6 years to go until retirement the strategy also gradually moves your pension savings into funds appropriate to the retirement benefits that you are likely to take at retirement. **Please note that if the Trustees agree a new default investment option for the plan in the future you will automatically move to the new default investment option as outlined by them.**

### I'll Decide Option 2 - My own investment choice

If you choose this option, you must tell us what percentage you wish to invest in each fund. You can invest 100% in one fund or spread it over a number of funds (subject to a maximum of 5 funds), but the total must equal 100%.

Fund Name	Risk Rating	Regular Contributions	Once-Off Contributions
EMPOWER Cash Fund (cash)	1	%	%
EMPOWER Stability Fund (mixed assets)	2	%	%
EMPOWER Cautious Growth Fund (mixed assets)	3	%	%
EMPOWER Growth Fund (mixed assets)	4	%	%
EMPOWER High Growth Fund (mixed assets)	5	%	%
Indexed World Equity Fund (equities)	6	%	%
Other funds (please specify)		%	%
		%	%
<b>Total</b>		<b>1 0 0 . 0 0 %</b>	<b>1 0 0 . 0 0 %</b>

## Section 7: Data Privacy Notice and Employee Declaration

### Data Privacy Notice

I confirm I have been informed about the Irish Life Data Privacy Notice and where to find it.

### Employee Declaration

I declare that the above questions have been answered honestly and with reasonable care and the contract with Irish Life Assurance plc. shall be comprised of this Application and Declaration. I declare that I have applied for membership to the plan to which this Employee application form relates and that specific conditions shall apply as indicated above. I hereby authorise my employer to make the necessary deductions from my salary or wages for the specific purpose of paying the employee contributions detailed earlier in this form until such time as the employer receives notice in writing from me to the contrary.

Please sign  
and date

Signature of Customer

Date

Signature of Customer

Date