

# Irish Life EMPOWER Plan

## Employer/Trustee Application Form

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.



**Please use BLOCK CAPITALS throughout.** 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. Advise all potential members of whose data you are providing us of the availability of our Irish Life Data Privacy Notice. This is available on our website [www.irishlife.com/corporatebusiness](http://www.irishlife.com/corporatebusiness). If we are missing any information you and your employees may not be able to claim tax relief or benefits from your pension plan.

Please note that if you do not provide all relevant information it could make the contract void. Relevant information is information which Irish Life regards as likely to influence the assessment and acceptance of your application. If you are in any doubt as to whether any facts are relevant you should always supply them.

Please ensure that you fully understand all questions and notes. Your broker or Irish Life Account Manager will be on hand to help you. Premiums will not be invested until we receive all the necessary documentation. I confirm that the meaning of disability, the benefits available under the policy, the general exclusions and the reductions applied to the benefit have been explained to me.

Trustee Signature

Date

Employer Signature

Date

### Section 1: Your Company Details

Name of Employer

Address for Correspondence

If different from above for Revenue approval

Registered Address

Administration Contact Name

Email Address

Telephone

Fax

Payroll Contact Name

Payroll Contact Email Address

Payroll Contact Phone No

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

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

Names of other participating employers

Degree of Association

## 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

Email Address

Address

Telephone

### Section 3: Pension Contribution Details

Please tick one box only

**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 1st 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.



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.

#### Method of payment

Variable SEPA direct debit	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.
Automatic SEPA direct debit	With Automatic SEPA Direct Debit your pension contribution is collected from your bank account each month on a no change basis.
Electronic Fund Transfer	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 regarding the payment method I/we have chosen from the list above.

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
Start date of plan as on Declaration of Trust		Date
Annual review date		Date
Contribution start date		Date

### Standard Contribution rates

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

a. Employer contributions				% of salary
b. Employee contributions	Yes	No		% of salary
c. Employee Additional Voluntary Contributions (AVCs)	Yes	No		% 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)

100% of contributions must be invested in the EMPOWER Personal Lifestyle Strategy (EMPOWER PLS) if selected.

Fund	Default investment choice Please select one from below	Restricted fund choice	
		Yes	No
EMPOWER Personal Lifestyle Strategy			
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			



## Section 8: Payment of Life Assurance and Income Protection Costs

The cost of any life assurance benefits and income protection benefits will be invoiced to the employer.

Please tick as appropriate

Payment method      Monthly SEPA direct debit  
Yearly SEPA direct debit  
Please complete SEPA Direct Debit Mandate (section 15 of this form).  
Yearly electronic Transfer

## Section 9: Automatic Acceptance for Life and Income Protection Benefits Without Medical Evidence

The following conditions need to be satisfied if an employer wishes to qualify for the automatic acceptance of a specified level of benefit (to be decided by Irish Life) without medical underwriting for life assurance and/or income protection members.

- i. the benefits for all employees are calculated by a formula
- ii. in the case of life assurance, there are three or more members
- iii. in the case of income protection there are five or more members
- iv. all employees who satisfy the eligibility conditions\* are included for life cover and income protection cover
- v. all employees applying for life cover and income protection cover are actively at work on the date cover commences

Please state the date on which cover is due to commence      Date

\*Please specify the eligibility conditions for life assurance and income protection such as age, service or employment status.

We need details of all employees who are absent from work due to illness or injury on the date life and income protection cover starts.

Name	Date Illness Commenced
Name	Date Illness Commenced
Name	Date Illness Commenced

Where income protection cover is being provided please also list employees who were absent from work due to illness or injury for more than 10 working days in the three calendar months immediately prior to the date cover commences:

Name	Number of days absent
Name	Number of days absent
Name	Number of days absent

Please inform us of any other members who are absent by including the names in an attached document.

## Trust Details

### Section 10: Details of Trust Document

Pension schemes are established under trust and typically the following options are available in relation to 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. Provide the following information:



1. Trustee Name  
Trustee Address  
Trustee Email Address  
Trustee Phone Number
2. Trustee Name  
Trustee Address  
Trustee Email Address  
Trustee Phone Number
3. Trustee Name  
Trustee Address  
Trustee Email Address  
Trustee Phone Number
4. Trustee Name  
Trustee Address  
Trustee Email Address  
Trustee Phone Number

## 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.

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### Section 11: 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 (e)
- |    |   |     |    |
|----|---|-----|----|
| c. | If there are life assurance benefits under this Trust are they insured with Irish Life Assurance plc?   | Yes | No |
| d. | If you have answered yes to both (a) and (b) above please confirm with a ✓ whether you wish to appoint Irish life Assurance plc as Registered Administrator or as an Outsourcer for the following services. |     |    |

Reg. Admin

Outsourcer

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.

- e. 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.

## Online Access

### Section 12: 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 Employers 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

#### 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 13: Employer and Trustee Declaration

We declare that the answers to the above questions regarding

- |   |   |
|---|---|
| > Company Details (Section 1)                       | > Details of the Trust Document (Section 10)                |
| > Contribution and Investment Details (Section 3+4) | > Registered Administrator (Section 11)                     |
| > Scheme Rules (Section 5)                          | > Pension Planet Interactive and online access (Section 12) |
| > Risk Benefits (Section 6-9)                       |   |

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

We declare that we have applied for the Irish Life EMPOWER 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 Irish Life EMPOWER Plan is conditional on the approval of the arrangement by the Revenue Commissioners as an exempt approved scheme under the Taxes Consolidations Act 1997. I also understand that the premium may increase in the future.

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

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

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

Employer Signature

Date

Status (e.g. Director/Secretary)

Trustee Signature

Date

Trustee Signature

Date



# 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.

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.

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

**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

Creditor Address

Please tick one  
box only

Type of Payment      Recurrent      or      One-off payment

Please sign  
and date

Signature(s)

Date

Date

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

Date to start from

Please tick one  
box only

And, following the first payment      Every Month      or      Every Year

## Other Relevant Information

Irish Life Assurance plc is regulated by the Central Bank of Ireland.  
In the interest of customer service we will monitor calls.  
Irish Life Assurance plc, Registered in Ireland Number 152576, VAT number 9F55923G.

Irish Life Corporate Business, Lower Abbey Street, Dublin 1, Ireland. T: 01 704 2000 • F 01 704 1905

