

Irish Life EMPOWER Master Trust

Employee Application Form

This form should only be used for **NEW** members of the 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

http://www.irishlifecorporatebusiness.ie/sites/default/files/MTTrustee_DataPN.pdf or you can ask us for a copy.



Section 1: Scheme Details

Scheme Name

Scheme Number

Participant Company Name

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 entitled to pension plan benefits from a previous employment or 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.

Section 5: Your Pension Contribution Details

Date plan contributions are to commence

	Regular	Once-off
a. Employer Contributions	% of salary	€
b. Compulsory Employee Contributions*	% of salary	
c. Additional Voluntary Employee Contributions*	% of salary	€

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 above.

This Includes any compulsory contributions to your main scheme and Additional Voluntary Contributions.

Any contribution in excess of compulsory employee contribution paid by an employee will be treated as Additional Voluntary Contributions.

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%

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 for details on the Standard Fund Threshold allowable for tax relief purposes.

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. 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.

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

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

EMPOWER PLS puts you in funds designed to achieve investment growth while at the same time balancing investment risk. Initially you will be completely invested in the EMPOWER High Growth Fund. Between 20 and 11 years from retirement your retirement savings will transition into the EMPOWER Growth Fund. When you are 11 years from retirement your retirement savings will gradually shift to the EMPOWER Stability fund until at 6 years to retirement your funds will be invested 50% in the EMPOWER Growth Fund and 50% in the EMPOWER Stability Fund. With 6 years to go until retirement the strategy 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%.

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

Fund Name	Risk Rating	Regular Contributions	Once-Off Contributions
EMPOWER Cash Fund (cash)	1	%	%
EMPOWER Stability Fund (mixed assets)	2	%	%
Sustainable Corporate Bond Fund (bonds)	3	%	%
EMPOWER Cautious Growth Fund (mixed assets)	3	%	%
EMPOWER Growth Fund (mixed assets)	4	%	%
EMPOWER Pension for Life Fund (bonds)	4	%	%
EMPOWER High Growth Fund (mixed assets)	5	%	%
Indexed World Equity Fund (equities)	6	%	%
Sustainable Equity Fund (Global) (equities)	6	%	%
Sustainable Equity Fund (Emerging Markets) (equities)	7	%	%
Total		1 0 0 . 0 0 %	1 0 0 . 0 0 %

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 questions above have been answered with honesty and with reasonable care and that 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

Date