Other Pension Benefits - Information required in accordance with Section 787R (4) Taxes Consolidation Act 1997

| 1. Have you received retirement benefits from any other pension arrangements? Yes No | 1 | | Have you received retirement benefits from any other pension as | rangomonts? | | | Yes | No | |
|---|--|----|--|------------------|--------------|----------|-----|--------|--|
| Name of scheme (if applicable) Employer Name (if applicable) Pension Type Contact Details Policy Number Start Date of Policy Date Benefits were paid Salary Employer Name (if applicable) Policy Number Start Date of Policy Date Benefits were paid Salary Employer Name (before any tax paid) Employer Name (before any tax paid) Employer Name (if applicable) Pensions) 1. Have you any other pension fund at the time of taking benefits Annual pension income you are receiving if you were in a defined benefit scheme Annual pension income you are receiving if you were in a defined benefit scheme Final value of AVCs (if not included in the above amounts) 2. Have you any other pension arrangements where retirement benefits have not yet been taken or are about to be taken? Name of scheme (if applicable) Employer Name (if applicable) Employer Name (if applicable) Pension Type Contact Details Policy Number Start Date of Policy Current value of the pension plan Expected annual pension income you will recieve Expected annual pension income you will recieve Expected annual pension income you will recieve Expected annual pension income you or do you no intend to transfer any other pension Yes No benefits to an overseas arrangement? If yes, please complete the following: Date or expected date of transfer Contact Details for receiving scheme | | | | rangements: | | | 163 | NO | |
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| Expected retirement lump sum | | i. | Expected annual pension income you will recieve | € | | | | | |
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| benefits to an overseas arrangement? If yes, please complete the following: Date or expected date of transfer Contact Details for receiving scheme | | | Current value of AVCs not included in the above amounts | € | | | | | |
| Contact Details for receiving scheme | | 3. | | | | Yes | No | | |
| | | | • | | | | | | |
| Amount of transfer value € | | | Contact Details for receiving scheme | | | | | | |
| | | | Amount of transfer value € | | | | | | |
| 4. Do you have a Personal Fund Threshold Certificate issued by the Revenue Commissioners? Yes No | | 4. | Do you have a Personal Fund Threshold Certificate issued by the | Revenue Com | nmissionersí |) | Yes | No | |
| If yes, please provide a copy of your Personal Fund Threshold Certificate with this retirement form. | | | If yes, please provide a copy of your Personal Fund Threshold Ce | rtificate with t | his retireme | nt form. | | | |

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