



EMPOWER RETIREMENT SOLUTION PLAN

EMPLOYEE APPLICATION FORM



This form should only be used for **NEW** members of the EMPOWER Retirement Solution 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
Please use both the first name and surname in your employee records.

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 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 / /

	<i>Regular</i>	<i>Once-off</i>
a. Employer Contributions	<input type="text"/> . <input type="text"/> % of salary	€ <input type="text"/>
b. Compulsory Employee Contributions*	<input type="text"/> . <input type="text"/> % of salary	
c. Additional Voluntary Employee Contributions*	<input type="text"/> . <input type="text"/> % of salary	€ <input type="text"/>

*Note: 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 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.

The maximum earnings limit for tax relief on pension contributions for 2018 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.

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%

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.

Option 1 **Trustee Default Investment Option**

BE MY GUIDE

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.

The 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.

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

Option 2 **My own investment choice**

I'LL DECIDE

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%.

	Risk Rating	Regular Contributions	Once-Off Contributions
EMPOWER Cash Fund (cash)	①	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %
EMPOWER Stability Fund (mixed assets)	②	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %
EMPOWER Cautious Growth Fund (mixed assets)	③	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %
EMPOWER Pension for Life Fund (bonds)	④	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %
EMPOWER Growth Fund (mixed assets)	④	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %
EMPOWER High Growth Fund (mixed assets)	⑤	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %
Indexed World Equity Fund (equities)	⑥	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %
Other funds (please specify)			
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> %
Total		1 0 0 . 0 0 %	1 0 0 . 0 0 %

Section 7: Optional Consent

Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt out of any further sharing by emailing cbconsentoptout@irishlife.ie or writing to the Irish Life Data Protection Team. If you opt out we will keep a record of your instruction to opt out.

I agree I don't agree

Signature

Date / /

Section 8: 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 answers to the above questions are in every respect true and complete and that this application and declaration shall form the basis of the contracts with Irish Life Assurance plc. 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.

Signature

Date / /

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.

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