



## TRANSFER TO PENSION SCHEME OVERSEAS

This form is required in addition to a signed Options Selection Form. The Options Selection Form is issued with your Leaving Service Options. If you require an up to date copy please contact us. **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, please contact Irish Life Corporate Business.

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 (this section is to be filled out by the member)

Scheme Name	<input type="text"/>	Scheme Number	<input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Member Forename	<input type="text"/>		
Member Surname	<input type="text"/>		
Member Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

### Section 2: Details of the receiving pension scheme (this section is to be filled out by the Trustees, Managers or Administrators of the receiving pension arrangement)

Country where new scheme is held

Has the appropriate regulatory authority in the state in which this plan is set up, approved this arrangement? Yes  No   
*Please provide a copy of the approval.*

Name of the regulatory body

Name of employer

Name of receiving scheme

In what country is the receiving scheme administrator resident?

Type of pension arrangement (please tick one of the options below)

a) An approved occupational pension scheme with the state

b) An approved personal pension contract within that state

Does the receiving scheme pay 'relevant benefits'\* as defined by Section 770 of the Taxes Consolidation Act 1997? Yes  No

**\*Relevant benefits means any pension, lump sum, gratuity or other like benefit**

(a) given or to be given on retirement or on death or in anticipation of retirement, or, in connection with past service, after retirement or death, or

(b) to be given on or in anticipation of or in connection with any change in the nature of the service of the employee in question,

But does not include any benefit which is to be afforded solely by reason of the death or disability of a person resulting from an accident arising out of or in the course of his or her office or employment and for no other reason.

Is it possible to access benefits prior to retirement? Yes  No

If Yes, please detail the circumstances in which benefits can be accessed before retirement.

What percentage of the fund is payable as a lump sum at retirement?  %

Is the balance of the fund used to provide the member with an income for life? Yes  No

### Transfers within the EU and IORPS

Is the overseas pension operated or managed as an Institution for Occupational Retirement Provision (IORPS) within the meaning of the EU Pensions Directive? Yes  No

Is the overseas pension scheme established in a member state which has implemented the EU Pensions Directive in its national law? Yes  No   
If more space is required please provide details separately.


We may require further information in relation to the receiving scheme, please provide contact details should we need to contact you

Name

Name of Organisation

Email

### Section 3: Other pension benefits – Information required in accordance with Section 787R (4) Taxes Consolidation Act 1997 (this section is to be filled out by the member)

All questions must be answered. If this section is incomplete it will delay your transfer request. If you have more than one pension scheme please attach details on a separate sheet. If your plan is an AVC, benefits can only be transferred at the same time as your main pension scheme. Please include all details of the benefits payable/paid under the main pension scheme below. 

1. Have you received retirement benefits from any other pension arrangement(s)? Yes  No

If yes, please complete the following.

Name of scheme (if applicable)

Employer name (if applicable)

Pension type

Contact details

Policy number

Start date of policy  /  /

Date benefits were paid  /  /

**Retirement benefits you received:**

Retirement lump sum (before any tax paid) €

Final value of the pension fund at the time of taking benefits €   
(For Defined Contribution Schemes, PRSAs or Personal Pensions)

Annual pension income you are receiving if you were in a defined benefit scheme €  a year

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? Yes  No

If yes, please complete the following.

Name of scheme (if applicable)

Employer name (if applicable)

Pension type

Contact details

Policy number

Start date of policy  /  /

Date benefits were paid  /  /

Current value of the pension plan €   
(For Defined Contribution Schemes, PRSAs or Personal Pensions)

Expected annual pension income you will receive €  a year  
(For defined benefit schemes)

Expected retirement lump sum €

Current value of any AVCs not included in the above amounts €

3. Since 7 December 2005 have you, or do you intend to transfer any other pension benefits to an overseas pension arrangement?

Yes  No

If yes, please complete the following

Date or expected date of transfer  /  /

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

If yes, please provide a copy of your Personal Fund Threshold Certificate with this overseas transfer form.

#### Section 4: Payment Details (this section is to be filled out by the Trustees, Managers or Administrators of the receiving pension arrangement)

Receiving arrangement reference number

Name of the trustee/managers/administrators

Address

Please confirm if you are the trustee, manager or administrator

Account number (IBAN)  -  -  -  -  -

SWIFT BIC  -  -

Overseas Transfers can only be made by Electronic Fund Transfer (EFT).

## Section 5: Trustee/ Administrator/ Manager Declaration (this section is to be filled out by the Trustees, Managers or Administrators of the receiving pension arrangement)

I declare that all the answers to the questions in Section 1 of this form are in every respect true and correct. I declare that the member named above is a member or prospective member of our pension scheme. I am willing to accept a transfer payment from Irish Life Assurance plc on the member's behalf. I declare that the scheme is approved under the appropriate regulatory authority in the receiving state and that the information provided is correct.

I confirm that benefits to be provided under the receiving arrangement are subject to the following conditions:

- Benefits provided by the scheme are 'relevant benefits' as defined by Section 770 of the Taxes Consolidation Act 1997 (see relevant benefit panel in Section 1).
- Benefits cannot be taken before normal retirement age (between 60 and 70), except in the case of early retirement from employment after age 50 or on death, and
- No loans whether directly or indirectly are permitted to the member or other person(s) connected to the member,
- That the benefits from any arrangement that this is transferred to in the future will be similarly restricted.

Signature	<input type="text" value="X"/>
	(authorised on behalf of the scheme)
Name (CAPITAL LETTERS)	<input type="text"/>
Name of the organisation	<input type="text"/>
Position	<input type="text"/>
Date	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>

## Section 6: Data Privacy Notice and Member Declaration (this section is to be filled out by the member) (to be completed by the member/ PRSA contributor)

### Data Privacy Notice

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

### Member Declaration

I confirm that I wish to transfer benefits held under my PRSA plan/Occupational pension scheme/PRB numbered above (delete as appropriate) to the overseas pension scheme.

I confirm that benefits to be provided under the receiving arrangement are subject to the following conditions:

- Benefits cannot be taken before normal retirement age (between 60 and 70), except in the case of early retirement from employment after age 50 or on death, and
- No loans whether directly or indirectly are permitted to the member or other person(s) connected to the member, and
- That the benefits from any arrangements that this is transferred to in the future will be similarly restricted.

In consideration of the payment of an appropriate transfer to the overseas pension arrangement detailed in Section 1, I hereby release Irish Life Assurance plc for all liability of benefits there under with effect from the date of such transfer.

Signature	<input type="text" value="X"/>
Name (CAPITAL LETTERS)	<input type="text"/>
Date	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>

All overseas pension transfers must meet the requirements set out in the Occupational Pension and Personal Retirement Savings Account (Overseas Transfer Payments) Regulations, 2003 as well as the provisions in the Revenue Pensions Manual. Before Irish Life can transfer your pension arrangement overseas we will assess your request to ensure it meets these requirements to our satisfaction. We will contact you if we require further information.



If all these requirements are met the Overseas Transfer Declaration overleaf must be submitted to the Revenue Commissioners. This declaration must be completed by the member and witnessed by the Trustee, Managers or Administrator of the receiving pension arrangement. Please return the declaration to Irish Life, we will submit it to the Revenue Commissioners on your behalf where appropriate.

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



# Overseas Transfer Declaration

## 1. Details of Individual requesting transfer

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
PPS No	<input type="text"/>
Contact Phone Number	<input type="text"/>
Occupation	<input type="text"/>

## 2. Details of Irish Pension Arrangement from which transfer is to be made

Type of Arrangement	<input type="text"/>
	<small>(i.e. DC/DB Occupational Pension Scheme/PRSA)</small>
Name or Title of Arrangement	<input type="text"/>

## 3. Details of Irish Pension Arrangement Administrator

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Contact Phone Number	<input type="text"/>

## 4. Details of Overseas Receiving Arrangement

Location	<input type="text"/>
Type of Arrangement	<input type="text"/>
	<small>(i.e. DC/DB Occupational Pension Scheme etc)</small>
Name or Title of Arrangement	<input type="text"/>

## 5. Details of Administrator of Overseas Receiving Arrangement

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Contact Phone Number	<input type="text"/>

## 6. State Reason for Transfer

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## Declaration

I declare that the transfer request I am making conforms to the requirements of the Occupational Pensions Schemes and Personal Retirement Savings Accounts (Overseas Transfer Payments) Regulations 2003 (S.I. No. 716 of 2003) and to Revenue transfer rules, is for bona fide purposes and not for the purpose of circumventing Irish pension tax rules and Revenue pension rules and conditions.

Signature

Date  /  /

### Witness (Administrator of receiving pension arrangement)

Authorised to sign on behalf of the administrator of receiving scheme.

Signature

Name (CAPITAL LETTERS)

To be returned within **7 days** to **Revenue Commissioners**  
**Large Cases Division**  
**Financial Services Pensions**  
**Ballaugh House**  
**75-79 Mount Street**  
**Dublin 2**