

Transfer to pension scheme overseas

Application Form

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.

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 or you can ask us for a copy.



This section should be filled out by the member

Section 1: Scheme Details

Scheme Name Scheme Number

Member Forename

Member Surname

Member Number

This section is to be filled out by the Trustees, Managers or Administrators of the receiving pension arrangement

Section 2: Details of the receiving pension scheme

Country where new scheme is held

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

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

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

Please tick one of the options below.

*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? If more space is required please provide details separately. Yes No

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

This section is to be filled out by the member

Section 3: Other pension benefits – Information required in accordance with Section 787R (4) Taxes Consolidation Act 1997

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 €

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) €

For Defined Contribution Schemes, PRSAs or Personal Pensions

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 €

Expected retirement lump sum €

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

For Defined Contribution Schemes, PRSAs or Personal Pensions

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.

This section is to be filled out by the Trustees, Managers or Administrators of the receiving pension arrangement

Section 4: Payment Details

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).

This section is to be filled out by the Trustees, Managers or Administrators of the receiving pension arrangement

Section 5: Trustee/Administrator/Manager Declaration

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.

Authorised on behalf of the scheme. Please sign and date

Signature

Date

Name

(CAPITAL LETTERS)

Name of the organisation

Position

This section is to be filled out by the member (to be completed by the member/ PRSA contributor)

Section 6: Data Privacy Notice and Member Declaration

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

Date

Name

(CAPITAL LETTERS)

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.



Overseas Transfer Declaration

1. Details of Individual requesting transfer

Name

Address

PPS Number
should contain
7 digits and 1 letter

PPS Number

Contact Phone Number

Occupation

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

Example: DC/
DB Occupational
Pension Scheme/
PRSA

Type of Arrangement

Name or Title of Arrangement

3. Details of Irish Pension Arrangement Administrator

Name

Address

Contact Phone Number

4. Details of Overseas Receiving Arrangement

Location

Example: DC/
DB Occupational
Pension Scheme/
PRSA

Type of Arrangement

Name or Title of Arrangement

5. Details of Administrator of Overseas Receiving Arrangement

Name

Address

Contact Phone Number

6. State Reason for Transfer

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

Administrator of
receiving pension
arrangement

Witness - 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.**

