

# Transfer being made to a Personal Retirement Savings Account

This form must be completed every time there is a transfer made to a Personal Retirement Savings Account (PRSA) only. Irish Life can not accept a transfer without this form being completed. **Please use BLOCK CAPITALS throughout.** If any item is blank or illegible, this will cause a delay in processing your form.

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](http://www.irishlife.ie/privacy-notice) or you can ask us for a copy.



This section should be completed by broker/consultant/Advisor.

## Section 1: Broker/Consultant/Advisor Details

Advisor Name

## Section 2: Personal Details

PRSA Plan Reference Number

Name of your Employer

Use both first name and surname in your employee records.

Title      Mr      Mrs      Miss      Ms      Other  
First Name      Surname  
Address

Phone      Home      Mobile

Email Address

Date of Birth      Male      Female

## Section 3: Transfer from PRSA

**A.** Is this a transfer from another Irish Life PRSA?      Yes      No  
If yes, please provide Member Number      Plan Number  
If yes, please confirm type of PRSA      Standard PRSA      or Non-Standard PRSA

Or

**B.** Is this a transfer from another PRSA plan from another provider?      Yes      No  
If yes, please confirm type of PRSA      Standard PRSA      or Non-Standard PRSA  
PRSA Plan Number

Please confirm the name of the PRSA

Please confirm name and address of provider

Transfer Amount €

Leave this section blank if it is not relevant to your transfer.

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## Section 4: Transfer from a Retirement Annuity Contract (RAC)

Name of RAC

Name and address of provider

Transfer Amount €

Leave this section blank if it is not relevant to your transfer.

## Section 5: Only complete this section for transfers from outside Ireland

Which country is the transfer from?

Reference Number

Name of Pension Plan

Name and address of provider

Transfer Amount

Employer Amount €

Employee Amount €

Additional Voluntary Contributions (AVC) €

All benefits in respect of this transfer payment will be paid in accordance with Irish Law and revenue practice. We cannot accept a transfer payment if there are additional requirements to Irish Law and revenue practice.



Leave this section blank if it is not relevant to your transfer.

## Section 6: Transfer from a Defined Contribution or a Defined Benefit Pension Plan

A transfer payment from an occupational or statutory scheme is not allowed where the customer has been an employee of the company for 15 years or more. This restriction does not apply to Additional Voluntary Contribution (AVC) only schemes.



A Certificate of Comparison is then required in all cases except:

- i) Where the transfer value is less than €10,000 or
- ii) Where the transfer represents a return of contributions, or the value of accrued benefits, to a member who has less than 2 years service in that scheme and has no preserved benefits or
- iii) Where the scheme is being wound up.

**Irish Life does not currently accept transfers where a Certificate of Comparison is required.**

A. Is this a transfer from another Irish Life Defined Contribution or Defined Benefit Pension Plan? Yes No

If yes, please provide the Reference Number

Or

B. Is this a transfer from a Defined Contribution or a Defined Benefit Plan from another provider? Yes No

If yes, please confirm the name of the PRSA Plan

Please confirm name and address of provider

How many years have you been employed by the company?

Transfer Amount: Employer Amount €

Employee Amount €

AVC Amount €

## Section 7: To be completed by the Intermediary/Broker/Advisor

I confirm that a Certificate of Comparison is not required in these circumstances

Has the scheme member been given a written statement as to why a transfer is or is not in their interest? Yes No

Signature of Intermediary

Date

Name

Address

## Section 8: Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP

We are obliged under Anti-Money Laundering legislation to identify PEPs or RCAs.

Are you a PEP or RCA? Yes No

### Who is a PEP?

A 'politically exposed person' means any individual, who currently is, or has at any time in the past 12 months, been entrusted with a prominent public function and performs one of the following roles:

Please tick  
if appropriate

- A. A member of a parliament/member of a legislature or equivalent.
- B. A member of a Supreme Court, Constitutional Court or any other high level judicial body which passes non-appealable verdicts (except in exceptional circumstances).
- C. A member of a court of auditors or the board of a central bank.
- D. An ambassador, charge d'affairs or high ranking officer in the armed forces.
- E. A member of the administrative, management or supervisory body of a state owned enterprise.

### Who is a Relative?

- A. Any spouse of the PEP.
- B. Any person who is considered to be a common law spouse of the politically exposed person under law.
- C. A child of the politically exposed person.
- D. Any spouse of the child of a politically exposed person.
- E. Any parent of the politically exposed person.
- F. Any other family member of the politically exposed person who is of a prescribed class set out by the Department of Finance.

### Who is a Close Associate?

- A. Any individual who has a joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations with the politically exposed person.
- B. Any individual who has a sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person.

## Section 9: 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 above questions have been answered honestly 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 of a PRSA that is approved under the Pensions Act 1990 and which complies with the provisions of Part 30, Chapter 2A of the Taxes Consolidation Act 1997.

Please sign  
and date

Signature

Date