

Letter of Authority and Request for Information

Authorising Individual:

Full Name	Date of Birth
Personal Public Service Number (PPS)	Email Address
	Phone Number
Current Residential Address	Other Address held by the Irish Pension Scheme

Irish Pension Scheme Details:

Pension Scheme Name	Pension Scheme Reference Number(s)
Pension Scheme Administrator	Contact Email Address

Requested Information to be provided to the following Authorised Persons or Entities

Financial Adviser Firm Name	Address
Adviser Name	
Adviser Firm Email Address	
Overseas Pension Scheme Name	Address
Overseas Pension Scheme Administrator	
Scheme Email Address	

Request for Information

I hereby request and authorise you, the Scheme Administrator and/or the Trustees of the above named Irish Pension Scheme, to provide the following requested information to the Authorised Persons or Entities detailed above by email, or post where an email cannot be accommodated:

- Current details of my pension benefits administered by you, including an investment valuation of my benefits and leaving service options should I wish to transfer my benefit to another pension scheme.
- Where my pension benefits are held in an Occupational Pension Scheme or Personal Retirement Saving Accounts:
 - Confirmation of your requirements or provision of your transfer overseas paperwork, should I wish to transfer my Irish Pension Scheme benefits to an Overseas Pension Scheme, in accordance with Section 34 Pensions Act 1990 and Occupational Pensions Schemes and Personal Retirement Savings Accounts (Overseas Transfer Payments) Regulations 2003¹;
- Where my pension benefits are held in a Personal Retirement Bond, confirmation of your requirements or provision of your transfer overseas paperwork, should I wish to transfer my benefits to a UK Registered Scheme.
- With regards to retirement benefits available under the Irish Pension Scheme, please confirm by completing the Retirement Benefits form below:
 - Full details of the retirement benefits, I would be entitled to take, if a transfer of benefits did not occur; and
 - The earliest retirement age at which my benefits may be taken and amount of any tax- free lump sum payable at that date; and
 - Whether I have or have not executed an irrevocable waiver in respect of my entitlement to a tax-free cash lump sum at retirement, used to avail of additional tax relief against any termination payment made by a previous employer.
- Any additional information requested by Authorised Persons or Entities named on this Form.

I confirm that a copy of this authority should have the validity of the original. This letter is only to be used to obtain information and not to authorise any changes to be made or any transfer request to proceed.

Individual Signature

Date

¹Please confirm on the understanding that Irish Revenue approval will be required as the Overseas Scheme is not managed by an Institution for Occupational Retirement Provision (IORP).

Retirement Benefit Details

Individual Name	PPS Number
Pension Company Name	Pension Scheme Administrators

As required in the above Letter of Authority, please complete Section 1 and/or Section 2, as relevant, outlining the Retirement Benefits the Authorising Individual would be entitled to on retirement from your pension arrangement(s) if no transfer occurred.

If more than one DC arrangement, please copy this page.

SECTION 1: Defined Contribution Scheme, Personal Retirement Bond or PRSA

Defined Contribution - Pension Arrangement Details:

Scheme Name	Reference Number
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Type of Scheme:	<input type="checkbox"/> DC Occupational Pension Scheme	<input type="checkbox"/> Personal Retirement Bond	<input type="checkbox"/> Additional Voluntary Contribution	<input type="checkbox"/> PRSA	<input type="checkbox"/> PPP
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Current Fund Value:	€ _____
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Normal Retirement entitlement:

(i) Tax Free Cash Entitlement at retirement:	_____ % or € _____ (based on company service)
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Balance of Fund Options*:	<input type="checkbox"/> Annuity	<input type="checkbox"/> Transfer to ARF/AMRF	<input type="checkbox"/> Taxable Lump Sum
* tick all options available to Member.			

Early Retirement:

(ii) Earliest Retirement Age Permitted:	_____ Years
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(iii) Estimated Tax Free Cash Lump Sum at this age:	_____ % or € _____ (based on company service)
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(iv) Has the Individual executed an irrevocable waiver in respect of his/her entitlement to Tax Free Cash from this Scheme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section 2: Defined Benefit Pension Scheme Details

Scheme Name

Reference Number

(i) Normal Retirement entitlement:

Pension Entitlement at Retirement: € _____ p.a. or _____ p.a. (e.g. X% Salary)
Tax Free Cash Entitlement at retirement: € _____ or _____ (e.g. X/80th x Salary)

(ii) Earliest Retirement Age Permitted: _____ Years

(iii) Estimated Tax Free Cash Lump Sum at this age: € _____ or _____ (X/80th x Salary)

Additional Voluntary Contribution:

Current Fund Value: € _____

AVC Options*: ☐ Additional Tax Free Cash ☐ Additional Pension ☐ Taxable Lump Sum
☐ Transfer to ARF/AMRF ☐ Other _____

**tick all options if available to Member.*

(iv) Has the Individual executed an irrevocable waiver in respect of his/her entitlement to Tax Free Cash under this Scheme?

☐ Yes

☐ No

We confirm that the information provided above is to the best of our knowledge true and correct.

Pension Scheme Administrator Company Name

Signatory Name

Signed

Date