# Instruction to Transfer to an Overseas Pension Scheme

Section 1: Individual Transfer Out	Authority F	orm		
1. Individual Details				
Full Name	Date of Birth	1	Personal Public Service Number (PPS)	
Contact Email Address		Phone Num	ber	
Current Residential Address		Previous Address held by the Irish Pension Scheme		
2. Ceding Irish Pension Scheme Details				
Pension Scheme Name		Scheme Adn	ninistrator	
	rsonal tirement Bond		onal Retirement Personal Pension Plan <sup>1</sup>	
<sup>1</sup> Also referred to as a Retirement Annuity Contract				
Scheme Reference Number		Corresponde	ence Address	
Member Reference Number (if applicable)				
Contact Email Address				
3.Receiving Overseas Pension Scheme Details				
Pension Scheme Name		Contact Ema	ail Address	
Pension Scheme Administrator		Correspondence Address		
Individual Transfer Instruction I hereby request the transfer of pension benefits h Administrator or Trustee of my Irish Pension Schen Overseas Pension Scheme.			ng Irish Pension Scheme and direct you, as the nent to the Trustees of the above-named Receiving	
I understand that where exercising my entitlement otherwise, and on subsequent payment of the trar request, this shall serve as full and final discharge	nsfer payment k	by the Ceding	Scheme Trustees/Administrators in line with my	
In line with the Irish Revenue transfer overseas req purposes and not for the purposes of circumventing				
I confirm I have completed and signed the enclose to the Irish Revenue Commissioners within seven o			tion Form, which I understand that you will forward ayment.	
Individual Signature		Date		

### Section 2: Benefit Crystallisation Event (BCE) - Member Declaration

This declaration is for the purpose of disclosing to your Ceding Scheme Pension Administrator, details of any previous benefit crystallisation events, which occurred on or before date of this transfer payment to the requested Receiving Pension Scheme.

Please read the important information detailed below before completing this section.

### 1. Benefit Crystallisation Event(s) Confirmation

Please complete the following in respect of benefits held in Irish Pension Arrangements only.

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Have you become entitled to any pension benefit payment, from an Irish pension arrangement commencing on or after 7th December 2015.		Yes	No
Will you become entitled to any pension benefit payment on or before the date of transfer to the requested Receiving Overseas Pension Scheme.		Yes	No
Have you previously transferred or do you intend to transfer ar any overseas pension arrangement, before the date of this req		Yes	No
If you answered No to all of the above, please proceed to Section If you answered Yes to any of the above, please complete the regyes is applicable. Where more than one arrangement, please coarrangement.	elevant section below for <u>each</u> Irish		
(a) Pension Benefit Entitlements			
If you have received (or expect to become entitled to) Pension this transfer overseas, please complete the following:	Benefits from any Irish pension arra	angement, <u>befo</u>	<u>re</u> the date of
Name of the Irish pension arrangement	Pension arrangement reference r	number	
Type of pension arrangement <sup>2</sup>	Name of Pension Administrator		
Email contact details of the Administrator	Date benefits were paid		
Defined Contribution Arrangement			
Total value of pension funds at time of taking benefits	€		
Defined Benefit Arrangement Please confirm with the Defined Benefit Scheme Administrator	directly if unsure before completing	g this section.	
Annual pension (before tax free lump sum commutation)	€		p.a.
Retirement Lump Sum (before any excess tax, if applicable) €	Factor(s) used for calculating the	capital value of	your pension
(b) Transfer to an Overseas Pension Scheme			
If, you have transferred or intend to transfer any pension arrang date of this transfer overseas, please confirm the following:	gement(s) to an overseas pension so	cheme arranger	nent before the
Name of the transferring Irish pension arrangement	Name of Pension Administrator		
Pension Administrator email address	Transfor Data or avacated data	of the transfer	
rension Administrator email address	Transfer Date or expected date of	נופ transter	

<sup>&</sup>lt;sup>2</sup>For example: Occupational Pension Scheme, Public Sector Pension Scheme, Personal Pension Plan, PRSA, Buy Out Bond/Personal Retirement Bond, Additional Voluntary Contribution (AVC) arrangement.

Name of the Overseas Scheme	Name of the Overseas Scheme Administrator	
Address	Email	
	Amount of the Transfer Value €	
2. Personal Funds Threshold (PFT)		
Do you have a PFT Certificate issued by Irish Revenue Commissioner?		
*If Yes, please provide a copy of the PFT Certificate  3. Individual Declaration  I declare that to the best of my knowledge and belief, the inform	nation provided in this Declaration is complete and correct.	
Name	Address	
PPS Number		
Signature	Date	

#### **Important Information**

Reference to "pension benefits" within this declaration, include benefits paid from an Irish Pension Arrangement in the form of any pension scheme payment (with the exception of those excluded below), such as a pension annuity, retirement lump sum, pension income. It also includes the transfer of pension benefits to an Approved Retirement Fund or, Approved Minimum Retirement Fund or retaining amounts in a Vested PRSA or Personal Pension Plan before or at age 75.

When completing this Declaration, please exclude details of the following Irish benefit payments:

- Pension benefits which came into payment or were transferred to an overseas pension arrangement **before the 7th December 2005.**
- Benefit paid to you as a beneficiary of a deceased individual's pension entitlement.
- Any Irish State pension payments made from the Department of Social Protection.

# Revenue Overseas Transfer Declaration

### For the attention of the Irish Revenue Commissioners

1. Details of individual requesting transfer	
Name	Address
PPS Number	
Contact Phone Number	Occupation
2. Details of Irish transferring pension arrangement	
Type of Arrangement*	Name of Arrangement
*i.e. DC/DB Occupational Pension Scheme / PRSA/Personal Retirement Bond Address	Name of Administrators
	Email Address Phone Number
3. Details of overseas receiving pension scheme	
Country	Type of Pension Arrangment:
Name of the Pension Arrangement	Regulatory Body Regulatory Licence Number
Name of Pension Scheme Administrator	Address
Email Address Phone Number	
4. Reason for transfer	
Please confirm the reason for the transfer:	

### 5. Individual 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	Full Name in Block Capitals
	Date
6. Witness	
Signature	Full Name in Block Capitals
	Date

### **Important to Note**

This completed Declaration must be provided to the Irish Revenue Commissioners within 7 days of the transfer being completed. It is therefore imperative that the fully completed and signed Declaration is returned <u>immediately to the overseas receiving pension scheme.</u>

Supplementary Information Form to	be provided to the Irish	i Révenue Commis	sioners	
Individual Name	PPS Number			
1. Tax Residency Confirmation				
Are you currently residing in Ireland?		Yes	☐ No	
Are you permanently resident outside Ireland?		Yes	☐ No	
Do you have any intention of returning to Ireland to	live, work or retire?	Yes	☐ No	
2. Intended pension benefits from the overseas pe	nsion scheme			
Name of Receiving Scheme				
Please outline in what manner you currently intend	d taking benefits from the overs	eas pension scheme		
Intended Retirement Age	Intended Percentage	Intended Percentage Tax Exempt Lump Sum Payment:		
			%	
Remaining Funds will be used to Annual Dra	awdown of Pension Income*	Purchase of a Lifetime Pe	ension Annuity*	
	ss Income Drawdown (UK Scheme	es only).		
*Please ensure you tick one of these if transferring to a Malta, IOM	or Gibraltar Pension Scheme.			
3. Individual Confirmation confirm that information outlined above in this form	to the best of my knowledge is co	mplete and correct.		
Signature	Full Name in Block C	apitals		
	Date			
	Date			