Supplementary Information Form to be provided to the Irish Revenue Commissioners				
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 over	seas pension scheme		
Intended Retirement Age	Intended Percentage	Intended Percentage Tax Exempt Lump Sum Payment:		
			%	
Remaining Funds will be used to Annual Dra	wdown of Pension Income*	Purchase of a Lifetime Pe	ension Annuity*	
· —	ss Income Drawdown (UK Schem	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 t	to the best of my knowledge is co	omplete and correct.		
Signature	Full Name in Block C	Full Name in Block Capitals		