

## AVC - Claim Form

Please take time to review your paperwork before returning it to us at Retirement Claims, New Ireland Assurance Company plc, 5-9 South Frederick Street, Dublin 2.

Please check that you have included all of the required documents listed on the 'Next steps' page of your retirement options letter. We will process your claim as quickly as possible but if your paperwork is incomplete this will cause delays and may affect the value of your fund.

Policy number of the policy you want to claim in relation to this employment

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### 1. Member's personal details

Name

Address

PPS No.  -  Contact Phone No.

Date of birth 

D	D	M	M	Y	Y	Y	Y

 Email

### 2. Retirement options

Tick the option(s) you want to select. Note some options are only available in certain circumstances, as outlined in the letter.

#### Option A: Retirement lump sum and pension

Refer to your retirement options letter to check if this retirement lump sum is available

Take the maximum retirement lump sum entitlement

If you want to take a lower lump sum please specify the amount €

AND set up a pension with New Ireland Assurance with the balance of your fund (if any)

Before choosing this option you are required to first meet with your financial advisor. Taking into account your current circumstances, your financial advisor will be able to assess the suitability of this option for you.

#### Option B: Pension only

Set up a pension with New Ireland Assurance

Before choosing this option you are required to first meet with your financial advisor. Taking into account your current circumstances, your financial advisor will be able to assess the suitability of this option for you.

**Note:** If you are not using all of your AVC fund for options A or B, please select 1 or 2 in Option C below.

## 2. Retirement options (continued)

### Option C: Retirement lump sum an invest/withdraw balance

Refer to your retirement options letter to check if this retirement lump sum is available

Take the maximum retirement lump sum entitlement (25% of the fund)

If you want to take a lower lump sum please specify the amount € \_\_\_\_\_

With the balance of your fund:

1. Invest in an ARF/AMRF with New Ireland Assurance

Contact your financial advisor to complete a New Ireland ARF/AMRF application form

1. a) Use all or part of your ARF to set up a pension with New Ireland Assurance

Contact your financial advisor to complete New Ireland application form(s)

2. Take a lump sum subject to income tax and USC

Conditions apply to this option, please refer to your retirement options letter or your financial advisor

If you are not setting up a pension or not investing in an AMRF with us please include:

- Proof of pension income of at least €12,700 p.a. (copy of payslip; P60; letter from pension provider) OR
- Proof that you have used €63,500 to buy a pension and/or invest in an AMRF

If you are buying a pension directly to satisfy the €12,700 income requirement please provide details in Section 3: Notes.

Before choosing this option you are required to first meet with your financial advisor. Taking into account your current circumstances, your financial advisor will be able to assess the suitability of this option for you.

### Option D: Withdraw full fund (trivial option)

Only available in limited circumstances, refer to your retirement options letter or your financial advisor.

Take the maximum retirement lump sum entitlement (if any) and withdraw the balance subject to 10% tax.

Only available if your total fund value (before payment of retirement lump sum) from pension schemes relating to the same employment as this AVC policy will provide you with a level pension of €330 p.a. or less.

OR

Take the maximum retirement lump sum entitlement (if any) and withdraw the balance subject to income tax and USC.

Only available if the balance of your pension funds from ALL sources after payment of retirement lump sum is less than €30,000.

### Other: Open market option

Buy a pension/invest in an ARF/AMRF with another provider

Include written confirmation from the insurance company or Qualifying Fund Manager (QFM) that they are setting up a pension/ARF/AMRF in your name.

Name of insurance company or QFM: \_\_\_\_\_

### 3. Notes (if you selected more than one option with the balance of your fund, or Option E, please give details here)

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## 4. Payment details

You must complete this section.

Account Holder Name(s)

Account Number (IBAN)

Swift BIC

(your bank will be able to confirm these details if necessary)

Any lump sum will be paid to this bank account.

## 5. Other pension benefits (you must fully complete this section)

Tick 'Yes' or 'No' to each of the following questions:

(Information in relation to payment of the State pension from the Department of Social Protection is **not** required.)

1. Have you received retirement benefits from any other pension arrangement(s) since 07 December 2005? Yes  No
2. Are you about to take retirement benefits from any other pension arrangement(s)? Yes  No
3. Have you any other pension arrangement(s) from which you have not drawn retirement benefits? Yes  No
4. Since 07 December 2005, have you arranged a transfer or payment to an overseas pension arrangement, OR do you expect to have such a transfer completed between now and the time that you receive your retirement benefits from this policy? Yes  No

If yes, complete the details in 5A below:

If you answered YES to 1, 2 or 3 above, complete details for each pension arrangement in the appendix.

The retirement benefits should include the value of any of your benefits subject to a Pension Adjustment Order (PAO).

### 5A: Transfers to overseas pension arrangements (you must fully complete this section if you answered Yes to question 4 above)

Amount transferred €

Date of transfer

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details for overseas arrangement

### 5B: Personal Fund Threshold (PFT) Certificate (you must fully complete this section)

Tick 'Yes' or 'No' for the following question:

Do you have a Personal Fund Threshold (PFT) Certificate, issued by Revenue? Yes  No

If yes, please include a copy when you return this claim form.

If your PFT includes a defined benefit arrangement, please state the valuation factor used:

## 6. Declarations

### Trustee declaration (not required for an AVC PRSA or a public sector scheme):

We authorise New Ireland Assurance to pay retirement benefits as instructed above.

	Signature: <input type="text"/>	Date:	<table border="1"><tr><td>DD</td><td>MM</td><td>YYYY</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	DD	MM	YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY							
<input type="text"/>	<input type="text"/>	<input type="text"/>							

Name in block letters

### Employee declaration:

I declare that I have read this claim form and fully understand the options available to me. I authorise New Ireland Assurance to pay my retirement benefits as instructed above.

I declare to the best of my knowledge and belief, the information provided in this form and the appendix (where completed) is correct.

I consent to New Ireland Assurance accessing information from, and /or sharing information with any other insurance company, PRSA Provider, Trustee, Employer or QFM for the purposes of completing this claim.

The "Data Controller" for the purposes of the Data Protection Acts 1988-2003 is New Ireland Assurance Company plc (New Ireland). The personal data being collected on this form is for the purposes of processing my application and may be disclosed in accordance with and to other parties as identified and consented to in the paragraphs below.

"EEA" means the European Economic Area and consists of the 28 EU Member States as well as Norway, Iceland and Liechtenstein.

"Information" means any information including medical and non-medical given by me or on my behalf in connection with this application or any further information which may be given at a later stage either in writing, by email, at a meeting or over the telephone.

"Marketing" means direct marketing and cross-selling of the services and/or products provided by New Ireland or arranged by New Ireland with a third party.

I understand and consent that New Ireland and its duly authorised agents may:

- contact me by phone or by letter in relation to the administration (including any contractual review) of the contract;
- hold and use the information on computer file, in any other dematerialised form or in written hard copy on its own behalf and may use or pass the information to third parties for administration, regulatory, customer care and service purposes;
- disclose and/or transfer my information to other countries, including countries outside the EEA, for any of the purposes specified, to persons who have been approved by New Ireland and in a manner compliant with applicable data protection legislation;
- use my information to carry out statistical analysis and market research.

I agree that New Ireland or a duly authorised agent of New Ireland may contact me in person, by phone, letter, email or other electronic means if it considers that my financial planning arrangements need to be reviewed, my level of cover needs to be revised, and/or provide me with general information relating to the contract with New Ireland at any time.

Yes  No

I agree that the information may be held and used by New Ireland for Marketing purposes, including Marketing by email or other electronic means.

Yes  No

I understand that I may write to advise New Ireland to cease to hold and use the information for Marketing purposes at any time.

	Signature: <input type="text"/>	Date:	<table border="1"><tr><td>DD</td><td>MM</td><td>YYYY</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	DD	MM	YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY							
<input type="text"/>	<input type="text"/>	<input type="text"/>							

## 7. To be completed by financial advisor

Name	<input type="text"/>	Agency number	<input type="text"/>
Broker consultant's name	<input type="text"/>	Broker consultant's number	<input type="text"/>
Advisor e-mail	<input type="text"/>		

Please refer to the retirement options pack for documents that must accompany this form.

- Copy of quotation Yes  No
- Quotation ID No.
- Proof of PPS number (photocopy of tax credits certificate or P60 - figures need not be shown) Yes  No

If a dependant's pension has been selected please include:

- Evidence of age for the dependant (a copy of their passport or driving licence) AND Yes  No
- A copy of the marriage certificate or civil partnership registration OR Yes  No
- Evidence of financial dependency if the dependant is not a spouse or civil partner Yes  No

If you are not a broker please also include:

- Contact referral Yes  No
- Financial Review at Retirement Yes  No
- Statement of Suitability Yes  No

## Appendix - only complete if you have other pension arrangements (see Section 6)

### Pension arrangement 1

Name of scheme or arrangement

Policy or reference number

Contact details for the administrator

Type of arrangement

(e.g. Company Pension Scheme, PRSA, Personal Pension, Additional Voluntary Contribution (AVC) Scheme, etc)

Date the policy started **OR** date you joined the scheme

D	D	M	M	Y	Y	Y	Y

Date benefits taken 

D	D	M	M	Y	Y	Y	Y

**OR** Date you intend to take benefits

D	D	M	M	Y	Y	Y	Y

Retirement lump sum expected or received (please enter amount before any tax paid)

€

If **defined contribution** enter total fund value (including retirement lump sum) at the time of taking retirement benefits **OR** current fund value, if retirement benefits have not been paid

€

If **defined benefit**, enter the equivalent full annual pension amount (or ARF/AMRF amount, if relevant) including retirement lump sum

€

### Pension arrangement 2

Name of scheme or arrangement

Policy or reference number

Contact details for the administrator

Type of arrangement

(e.g. Company Pension Scheme, PRSA, Personal Pension, Additional Voluntary Contribution (AVC) Scheme, etc)

Date the policy started **OR** date you joined the scheme

D	D	M	M	Y	Y	Y	Y

Date benefits taken 

D	D	M	M	Y	Y	Y	Y

**OR** Date you intend to take benefits

D	D	M	M	Y	Y	Y	Y

Retirement lump sum expected or received (please enter amount before any tax paid)

€

If **defined contribution** enter total fund value (including retirement lump sum) at the time of taking retirement benefits **OR** current fund value, if retirement benefits have not been paid

€

If **defined benefit**, enter the equivalent full annual pension amount (or ARF/AMRF amount, if relevant) including retirement lump sum

€

### Pension arrangement 3

Name of scheme or arrangement

Policy or reference number

Contact details for the administrator

Type of arrangement

(e.g. Company Pension Scheme, PRSA, Personal Pension, Additional Voluntary Contribution (AVC) Scheme, etc)

Date the policy started **OR** date you joined the scheme

D	D	M	M	Y	Y	Y	Y

Date benefits taken 

D	D	M	M	Y	Y	Y	Y

**OR** Date you intend to take benefits

D	D	M	M	Y	Y	Y	Y

Retirement lump sum expected or received (please enter amount before any tax paid)

€

If **defined contribution** enter total fund value (including retirement lump sum) at the time of taking retirement benefits **OR** current fund value, if retirement benefits have not been paid

€

If **defined benefit**, enter the equivalent full annual pension amount (or ARF/AMRF amount, if relevant) including retirement lump sum

€

If there are more than three other pension arrangements please fill in the details on a separate sheet.