

Retirement Bond - Claim Form

Please take time to review your paperwork before returning it to us at Retirement Claims, New Ireland Assurance Company plc., 11/12 Dawson 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(s) of policies in relation to this employment

1: Member's personal details

First name: Surname:

Address:

PPS No.: - Contact Phone No.

Date of Birth:

D	D	M	M	Y	Y	Y	Y

 Email:

2: Final salary details

Were you a 20% director within the last 3 years of service in the employment to which this retirement bond relates to? Yes No

If **'Yes'** please send us your highest P60s for 3 or more consecutive years ending within the last 10 years of this employment and details of any personal contributions and/or AVCs paid by salary deduction.

If **'No'** but at commencement of this retirement bond policy you were still in the related employment OR if you have a higher final salary figure for this related employment then:

a) Please provide proof of your highest basic salary in the last 5 years of this employment, and any 'fluctuating emoluments' (e.g commission, bonus, benefits in kind) received over 3 or more years ending on the last day used for highest basic salary

OR

b) Please send us your highest P60s for 3 or more consecutive years ending within the last 10 years of this employment and details of any personal contributions and/or AVCs paid by salary deduction.

Proof of final salary can be in the form of P60s, letter from an accountant, financial controller (if not a 20% director), or letter from the Revenue. You must give us proof of final salary unless we have already received it from you.

Note for 20% directors:

If you were a 20% director in relation to this employment and you are taking retirement benefits before the scheme normal retirement age (NRA) i.e early retirement, we require confirmation that you have severed all links with the employer company, including disposal of your shareholding in the company. Early retirement benefits may be less than the benefits at normal retirement.

The Normal Retirement Age (NRA) of the scheme must be between 60- 70.

If applicable (i.e you are a 20% director and are taking early retirement benefits before scheme NRA)

please tick the box to confirm that you no longer work for the company in any capacity and that you have disposed of your shareholding in the company.

3: Retirement options

You can select options from Option A, Option B, Option C or Option D (please refer to your retirement options letter or your financial advisor to check which options are available to you).

Tick the option(s) you want to select from what is available to you.

Option A: Retirement lump sum and pension

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 advisor. Taking into account your current circumstances, your 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 advisor. Taking into account your current circumstances, your 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 from 1 or 2 in Option C. The retirement lump sum in Option C does not apply to you.

Option C: Retirement lump sum and invest/withdraw balance

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 the 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 4: Notes below and complete an annuity application with your advisor.

Before choosing this option you are required to first meet with your advisor. Taking into account your current circumstances, your 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 and withdraw balance subject to 10% tax

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

OR

Take the maximum retirement lump sum entitlement and withdraw 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 €20,000.

6: Other pension benefits (You must fully complete this section)

Tick 'Yes' or 'No' for 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)? 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 6A 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).

6A: Transfers to overseas pension arrangements

(You must fully complete this section if you answered Yes to the question above)

Amount transferred:	€ <input type="text"/>	Date of transfer	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	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"/>
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:	<input type="text"/>																		
	<input type="text"/>																		

6B: Personal Fund Threshold (PFT) Certificate (You must fully complete this section)

Tick "Yes" or "No" to 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:

7: DB Scheme only - Option to waive spouse's/civil partner's death in retirement pension

We understand that this policy provides for a both a policyholder's pension and a spouse's/civil partner's death in retirement pension to be bought on maturity.

We confirm that we do not want to purchase the pension benefits as set out in the scheme rules.

	Signature of policy holder:	<input type="text"/>	Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	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"/>	
	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"/>														
	Signature of spouse/civil partner:	<input type="text"/>	Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	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"/>
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"/>													

8: Declarations

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 that to the best of my knowledge and belief, the information provided in this form and the appendix 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.

Where I opted for a pension, I hereby apply to purchase a pension with New Ireland and agree that this form shall be the basis of the contract between New Ireland and me and such contract shall be governed by New Ireland's standard policy conditions for contracts of this type.

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 of 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, e-mail 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 to 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 e-mail 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:	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"/>

9: To be completed by financial advisor

Name:	<input type="text"/>		
Agency No.:	<input type="text"/>	Broker Consultant's Name:	<input type="text"/>
Advisor's Email:	<input type="text"/>	Broker Consultant's No.:	<input type="text"/>

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

If all or part of the fund is being used to buy a pension please also include the following:

- 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 you selected dependant's pension please include:

- Evidence of age for the dependant (a copy of their birth certificate, passport or driving licence) **AND** Yes No
- A copy of your marriage certificate or civil partnership registration **OR** Yes No
- Evidence of financial dependency if the dependant is not your 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	<input type="text"/>
Policy or reference number	<input type="text"/>
Contact details for the administrator	<input type="text"/>
Type of arrangement	<input type="text"/>

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

Date benefits taken	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	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"/>	OR	Date you intend to take benefits	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	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"/>
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"/>																													
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"/>																													

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

€	<input type="text"/>
---	----------------------

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

€	<input type="text"/>
---	----------------------

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

€	<input type="text"/>
---	----------------------

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

€	<input type="text"/>
---	----------------------

Pension arrangement 2

Name of scheme or arrangement	<input type="text"/>
Policy or reference number	<input type="text"/>
Contact details for the administrator	<input type="text"/>
Type of arrangement	<input type="text"/>

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

Date benefits taken	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	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"/>	OR	Date you intend to take benefits	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	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"/>
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"/>																													
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"/>																													

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

€	<input type="text"/>
---	----------------------

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

€	<input type="text"/>
---	----------------------

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

€	<input type="text"/>
---	----------------------

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

€	<input type="text"/>
---	----------------------

Pension arrangement 3

Name of scheme or arrangement	<input type="text"/>
Policy or reference number	<input type="text"/>
Contact details for the administrator	<input type="text"/>
Type of arrangement	<input type="text"/>

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

Date benefits taken	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	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"/>	OR	Date you intend to take benefits	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	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"/>
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"/>																													
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"/>																													

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

€	<input type="text"/>
---	----------------------

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

€	<input type="text"/>
---	----------------------

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

€	<input type="text"/>
---	----------------------

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

€	<input type="text"/>
---	----------------------

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



New Ireland Assurance Company plc.,

11-12 Dawson Street, Dublin 2.

T: (01) 617 2000 F: (01) 617 2075.

E: info@newireland.ie W: www.newireland.ie

New Ireland Assurance Company plc is regulated by the Central Bank of Ireland. A member of Bank of Ireland Group.

302462 V4.04.17