

# Personal Pension/PRSA - Claim Form

**This form is not suitable for an AVC PRSA**

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: Personal details

First name:  Surname:

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 below.

### Option A: Retirement lump sum

Take the maximum 25% retirement lump sum entitlement

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

**Options with the balance of your fund** (you may choose one or more of the following options – where applicable)

### Option B: 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.

### Option C: Invest in an ARF/AMRF with New Ireland Assurance

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

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 forms

## 2: Retirement options (continued)

### Option D: Take a lump sum subject to income tax and USC

Conditions apply to this option, please refer to your retirement options letter.

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 3: Notes below and complete section 4: Pension details.

### Option E: Trivial option (Only available in limited circumstances – refer to your retirement options letter)

Withdraw the balance of fund subject to 10% tax - only available if your total fund value(s) (before payment of retirement lump sum), from pension schemes relating to the same employment/period of self employment as this pension policy, will provide you with level pension income of €330 p.a. or less.

If you do not have any other pension benefits relating to this employment, please tick this box to confirm.

**OR**

Withdraw the balance of fund 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.

If you do not have any other pension funds, please tick this box to confirm.

If you have any other pension funds, please provide details, including current fund value, in section 3: Notes.

### Option F: This option is only available if you are taking retirement benefits from from a PRSA

Retain balance invested in your PRSA until age 75 at the latest (vested PRSA).

Have you pension income of at least €12,700 p.a.?

If so, please provide proof (copy of payslip; P60; letter from the pension provider)

Have you used €63,500 to buy a pension and/or invest in an AMRF?

If so, please provide proof

### Other: 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)



## 6: 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

## 7: 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 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 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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									<b>OR</b>	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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y								
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#### Retirement benefits you received since 7 December 2005 OR are due to receive:

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	<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)

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### Pension arrangement 3

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Policy or reference number	<input type="text"/>
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Type of arrangement	<input type="text"/>

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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.



**New Ireland Assurance Company plc.,**

11-12 Dawson Street, Dublin 2.

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