



ADDITIONAL VOLUNTARY CONTRIBUTIONS (AVC) EMPLOYEE APPLICATION FORM

This form should only be used for **NEW** members of the AVC Plan. **Please complete every item on this form in BLOCK CAPITALS.** If any item is blank or illegible, this will cause a delay in processing your application. If you are unsure about any item, you should ask your HR department or the plan adviser.

Section 1: Scheme Details

Scheme Name Scheme Number

Section 2: Your Details

Title Mr Mrs Miss Ms Other

First Name Surname
Please use both the first name and surname in your employee records

Address

Phone Work Mobile

Email

Date of Birth / / Male Female

Relationship Status Married Single Widow(er) Separated Divorced Civil Partner

PPS Number PPS Number should contain 7 digits and 1 or 2 letters. This is required for Revenue approval.

Section 3: Your Employment and Membership Details

Date employment started / / Date plan membership is to commence / /

Payroll/Staff Number Current Salary € per annum

Are you a: 20% director Yes No 5% director Yes No

Section 4: Details of your Employer's Main Pension Plan

Are you a member of your Employer's Main Pension Plan? Yes No If yes, please state the name of the plan or employer

Are you entitled to pension plan benefits from a previous employment or plan? Yes No If yes, please state the name of the plan or employer

If you wish to transfer Additional Voluntary Contributions from a previous employment to this plan, please fill out a separate *Transfer of Benefits Form*. If you decide to do this, then you must also transfer your main plan benefits from a previous employment to your current Employer's main plan.

Section 5: Your Pension Contribution Details

Date contributions are to commence / /

Additional Voluntary Contributions* . % of salary OR € per annum €

Regular Once-off

*Note: Employees may qualify for tax relief on their own pension contributions. The percentage of your contributions that you can claim tax relief are shown in the table opposite. This includes any contributions you make to your main scheme.

The maximum earnings limit for tax relief on pension contributions for 2015 is €115,000.

Please refer to your member booklet or our website www.irishlifecorporatebusiness.ie for details on the Standard Fund Threshold allowable for tax relief purposes.

Remember that when you retire or transfer your benefits from your employer's main plan, you must also take your AVC benefits at the same time.

Age	Maximum annual contributions as % of gross salary
<30	15%
30-39	20%
40-49	25%
50-54	30%
55-59	35%
Age 60 & Over	40%

Section 6: Investment Details

Please indicate your chosen investment option for your future contributions by ticking the box at the left hand side of your chosen option. Further information on the fund options is available on www.irishlifecorporatebusiness.ie

You must choose **one and one only** of Options 1 or 2 below. If you do not indicate your preferred option your future contributions will be invested in the default investment option chosen by the Trustees i.e. Option 1 below.

Option 1 **Trustee Default Investment Option**

The Trustees of the plan have selected the **Personal Lifestyle Strategy (PLS)*** as the *current default investment option* for the plan.

The Personal Lifestyle Strategy (PLS) first invests in a growth fund and then starts to switch into less volatile funds from 20 years to retirement which helps protect your pension fund value against market fluctuations as you get closer to retirement. From 6 years to go until retirement the strategy also gradually moves your pension savings into funds appropriate to the retirement benefits that you are likely to take at retirement.

Please note that if the Trustees agree a new default investment option for the plan in the future you will automatically move to the new default investment option as outlined by them.

*100% of contributions (this means Regular and Once-Off contributions) must be invested in a strategy if selected.

Option 2 **My own investment choice**

If you choose this option, you must tell us what percentage you wish to invest in each fund. You can invest 100% in one fund or spread it over a number of funds (subject to a maximum of 5 funds), but the total must equal 100%.

	Regular Contributions	Once-Off Contributions
Consensus Plus Fund (<i>mixed assets</i>)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Consensus Fund (<i>mixed assets</i>)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Pension Stability Fund (<i>mixed assets</i>)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Tax Free Cash Fund (<i>cash</i>)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Pension for Life Fund (<i>bonds</i>)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Flexible Fund (<i>mixed assets</i>)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Indexed World Equity Fund (<i>equities</i>)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Indexed 50/50 Equity Fund (<i>equities</i>)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Other fund please specify <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Total	1 0 0 . 0 0 %	1 0 0 . 0 0 %

Section 7: Data Protection Notice and Employee Declaration

Data Protection Notices and Consents

- The information you provide to Irish Life Assurance plc will be held on a computer database and/or any other way and will be used to administer this contract/transaction and any other products or services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life Assurance plc.
- You have the right to question the purpose for which your data is held and the right to obtain a copy of your personal data held by Irish Life Assurance plc by submitting a written request and paying a small fee.
- You have the right to request Irish Life Assurance plc to correct any inaccuracies in your personal data.

I declare that I consent to the

- processing and holding (on computer or otherwise) of all information (personal and sensitive) disclosed by me, or on my behalf, in relation to this contract/transaction by Irish Life Assurance plc, its servants and agents (together with such other information supplied to, or obtained by Irish Life Assurance plc separately) for administrative, customer care and service purposes.
- disclosing of my personal data (personal and sensitive) to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to reinsurers and health professionals and other companies in the Irish Life Group or the Great-West Lifeco Group. This may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area.

Signature Date

Employee Declaration

I declare that the answers to the above questions are in every respect true and complete and that this application and declaration shall form the basis of the contracts with Irish Life Assurance plc. I declare that I have applied for membership to the plan to which this Employee application form relates and that specific conditions shall apply as indicated above. I hereby authorise my employer to make the necessary deductions from my salary or wages for the specific purpose of paying the employee contributions detailed earlier in this form until such time as the employer receives notice in writing from me to the contrary.

Signature Date