Instruction to Transfer to an Overseas Pension Scheme

Section 1: Individual Transfer Out Authority Form				
1. Individual Details				
Full Name	Date of Birt		Personal Public Service Number (PPS)	
Contact Email Address		Phone Num	ber	
Current Residential Address		Previous Ad	dress held by the Irish Pension Scheme	
2. Ceding Irish Pension Scheme Details				
Pension Scheme Name		Scheme Administrator		
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¹ Also referred to as a Retirement Annuity Contract				
Scheme Reference Number		Corresponde	ence Address	
Member Reference Number (if applicable)				
Contact Email Address				
3.Receiving Overseas Pension Scheme Details				
Pension Scheme Name		Contact Em	ail Address	
Pension Scheme Administrator		Corresponde	ence Address	
Individual Transfer Instruction I hereby request the transfer of pension benefits he Administrator or Trustee of my Irish Pension Schem Overseas Pension Scheme.			ng Irish Pension Scheme and direct you, as the ment to the Trustees of the above-named Receiving	
I understand that where exercising my entitlement otherwise, and on subsequent payment of the tran request, this shall serve as full and final discharge of	nsfer payment l	by the Ceding	Scheme Trustees/Administrators in line with my	
In line with the Irish Revenue transfer overseas req purposes and not for the purposes of circumventin				
I confirm I have completed and signed the enclose to the Irish Revenue Commissioners within seven o			tion Form, which I understand that you will forward ayment.	
Individual Signature		Date		

Section 2: Benefit Crystallisation Event (BCE) - Member Declaration

This declaration is for the purpose of disclosing to your Ceding Scheme Pension Administrator, details of any previous benefit crystallisation events, which occurred on or before date of this transfer payment to the requested Receiving Pension Scheme.

Please read the important information detailed below before completing this section.

1. Benefit Crystallisation Event(s) Confirmation

Please complete the following in respect of benefits held in Irish Pension Arrangements only.

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²For example: Occupational Pension Scheme, Public Sector Pension Scheme, Personal Pension Plan, PRSA, Buy Out Bond/Personal Retirement Bond, Additional Voluntary Contribution (AVC) arrangement.

Name of the Overseas Scheme	Name of the Overseas Scheme Administrator	
Address	Email	
	Amount of the Transfer Value €	
2. Personal Funds Threshold (PFT)		
Do you have a PFT Certificate issued by Irish Revenue Commissioner?		
*If Yes, please provide a copy of the PFT Certificate 3. Individual Declaration I declare that to the best of my knowledge and belief, the information provided in this Declaration is complete and correct.		
Name	Address	
PPS Number		
Signature	Date	

Important Information

Reference to "pension benefits" within this declaration, include benefits paid from an Irish Pension Arrangement in the form of any pension scheme payment (with the exception of those excluded below), such as a pension annuity, retirement lump sum, pension income. It also includes the transfer of pension benefits to an Approved Retirement Fund or, Approved Minimum Retirement Fund or retaining amounts in a Vested PRSA or Personal Pension Plan before or at age 75.

When completing this Declaration, please exclude details of the following Irish benefit payments:

- Pension benefits which came into payment or were transferred to an overseas pension arrangement **before the 7th December 2005.**
- Benefit paid to you as a beneficiary of a deceased individual's pension entitlement.
- Any Irish State pension payments made from the Department of Social Protection.

Revenue Overseas Transfer Declaration

For the attention of the Irish Revenue Commissioners

1. Details of individual requesting transfer	
Name	Address
PPS Number	
Contact Phone Number	Occupation
2. Details of Irish transferring pension arrangement	
Type of Arrangement*	Name of Arrangement
*i.e. DC/DB Occupational Pension Scheme / PRSA/Personal Retirement Bond Address	Name of Administrators
	Email Address Phone Number
3. Details of overseas receiving pension scheme	
Country	Type of Pension Arrangment:
Name of the Pension Arrangement	Regulatory Body Regulatory Licence Number
Name of Pension Scheme Administrator	Address
Email Address Phone Number	
4. Reason for transfer	
Please confirm the reason for the transfer:	

5. Individual declaration

I declare that the transfer request I am making conforms to the requirements of the Occupational Pensions Schemes and Personal Retirement Savings Accounts (Overseas Transfer Payments) Regulations 2003 (S.I. No. 716 of 2003) and to Revenue transfer rules, is for bona fide purposes and not for the purpose of circumventing Irish pension tax rules and Revenue pension rules and conditions.

Signature	Full Name in Block Capitals
	Date
6. Witness	
Signature	Full Name in Block Capitals
	Date

Important to Note

This completed Declaration must be provided to the Irish Revenue Commissioners within 7 days of the transfer being completed. It is therefore imperative that the fully completed and signed Declaration is returned <u>immediately to the overseas receiving pension scheme.</u>

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 pension scheme			
Name of Receiving Scheme			
Please outline in what manner you currently intend taking benefits from the overseas pension scheme			
Intended Retirement Age	Intended Percentage Tax Exempt Lump Sum Payment:		
	%		
Remaining Funds will be used to Annual Drawdown of Pension Income* Purchase of a Lifetime Pension Annuity*			
Flexi-Access Income Drawdown (UK Schemes only).			
*Please ensure you tick one of these if transferring to a Malta, IOM or Gibraltar Pension Scheme.			
3. Individual Confirmation I confirm that information outlined above in this form to the best of my knowledge is complete and correct.			
Signature	Full Name in Block Capitals		
	Date		