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.

k Capitals

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</u> <u>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 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 Ar provide:		
Fle	exi-Access Income Drawdown (UK Schemes only).	
*Please ensure you tick one of these if transferring to a N	Aalta, 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