



Income Protection Scheme Transfer Form from CPSU IPS to PSEU ICP

Full Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ E mail: _____

Staff Number: _____ PPSN: _____

Salary Details: _____ Date of Transfer: _____

Date of joining the civil service: _____

Are you currently a member of the CPSU Income Protection Scheme (IPS)? Yes or No (please circle)

Date of Joining CPSU IPS: _____ Acceptance Terms: _____

I wish to transfer my membership of the CPSU Income Continuance Plan to the PSEU Income Continuance Plan. I am actively at work today or capable of being actively at work today. I agree to be bound by the terms and conditions of the Plan I am joining and am aware the PSEU may amend the terms of the PSEU Plan or terminate the PSEU plan altogether and that the decisions of the PSEU in such matters are binding on all members. I understand that I should consult the relevant plan guides and make myself familiar with any differences which may exist with regard to benefits, terms and conditions. I confirm I satisfy the eligibility criteria for the Plan I am joining. I understand if my deferred period expires within three months of the transfer date, my claim will be payable from the original plan. *Underwriters: Generali PanEurope Ltd, Navan Business Park, Athlumney, Navan, Co Meath*

Applications Signature: _____ Date: _____

Salary Deduction Mandate – PSEU Income Protection Scheme

Name and Address of Department

Office Tel No: _____ Salary No: _____ PPSN: _____

Please deduct from my salary the appropriate contributions. I recognise that these deductions, being made solely as a measure of convenience to me, may be terminated at any time. I also recognise that the ultimate responsibility for ensuring that the deductions have, in fact been made from my salary rests with myself, and that beyond making remittances direct to Generali PanEurope Ltd, in accordance with the arrangement approved, the Employer accepts no responsibility of any kind in that matter. This mandate is to be taken (where applicable) as notification of alteration of any previous deduction arrangement in respect of contributions under this Plan entered into by me.

Applications Signature: _____ Date: _____

Full Name (Block Capitals): _____

Data Protection – Lyons Financial Services:

I hereby consent to the use of my personal details (contained herein or provided subsequently) by Lyons Financial Services. I understand that the details I have provided will be held on a computer and /or in printed forms or other by Lyons Financial Services. I agree that this information may be used in the future to contact me (by email/mail or telephone) about Lyons Financial Services products which ,may be of interest to me. I understand that the information provided by me will not be passed on to third parties for the purposes of direct marketing. I also understand that I may at any stage at no cost instruct Lyons Financial Services in writing to no longer hold my data for the purposes of sending me such information and I have the right of access to the right to rectify the data concerning me held by Lyons Financial Services

Applications Signature: _____

Date: _____

Data Protection Notice

1. The information that you provide to Generali PanEurope Ltd will be held on a computer database and / or any other way and will be used to administer this plan and any other products and services supplied to you and any future agreements, contracts or arrangements you may have with Generali PanEurope Ltd.
2. You have the right of access to your personal data held by Generali PanEurope Ltd by sending a written request and on payment of a small fee.
3. You also have the right to require Generali PanEurope Ltd to correct any inaccuracies in the personal data that it holds about you.

Data Protection Consents

I declare that I consent to the:

- A. Processing and holding (on computer or otherwise) of all information disclosed by me, or on my behalf, in relation to the plan by Generali PanEurope Ltd, its servants and agents (together with such other information supplied or obtained by Generali PanEurope Ltd separately) including sensitive personal data (being medical records and / or financial details) and holding or processing of the same for administrative, customer care and service purposes.
- B. Disclosing of my personal data to persons necessary in connection with the above purposes, to regulatory authorities or as is required by law, to Generali PanEurope Ltd and to other companies in the Company's group, to reinsurers, to health professionals and other insurance companies.

Applications Signature: _____

Date: _____

Name (Block Capitals) _____

PLEASE COMPLETE AND SIGN ALL SECTIONS OF THE FORM AND RETURN IT TO:

LYONS FINANCIAL SERVICES
OFFICE 1
DUNBOYNE BUSINESS PARK
DUNBOYNE
CO MEATH

Roisin Lyons t/a Lyons Financial Services is regulated by the Central Bank of Ireland
Generali PanEurope Ltd. is regulated by the Central Bank of Ireland