

Additional Voluntary Contribution Plan Application Form



Member Details

Name:

Home address

Phone

Employer

Intended retirement age

Date of Birth Marital Status

PRSI Class RSI No

Service Details (Relevant to all applicants)

Current salary under Employer's Scheme €

Date present employment commenced

Service history

| Employer | Nature of Contract | From | To |
|----------------------|----------------------|----------------------|----------------------|
| <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"/> |

Have you any retained Benefits? Yes No
 (from other Public Sector Employment or benefits from a private Pension Plan). Please advise below

Your contribution to main Superannuation Scheme? %

Date of joining Superannuation Scheme?

Are you contributing to the Spouses' and Children's Scheme? Yes No

Are you contributing to Notional Service Purchase (NSP) Plan? Yes No

If Yes, please indicate if contributing to age 60 65

If so, how many years and months purchased Years Months

Contribution level under N.S.P. %

Application for Membership

I hereby request and authorise the deduction from my salary of Additional Voluntary Contributions as described in the Proposal and the application of these amounts in accordance with the Proposal.

I have read and understand the PSEU AVC Explanatory booklet and quotation provided for me and am now willing to commence the contributions as outlined above

Signature of member Date

PSEU

Additional Voluntary Contribution Plan

Letter of Exchange (To be completed when member joins the plan)

To (Name of Member)

The Employer is, at your request, prepared to agree to your membership of the above Plan which entitles you to make voluntary contributions on your own behalf for the purpose of improving your retirement benefits, on the condition that no benefit liability whatever attaches to the Employer therefrom. The Plan is approved under the Taxes Consolidation Act 1997 and your membership will be subject to the Rules which you should read before making any contributions to the Plan.

On behalf of the Employer

Signed

For

Date

I have decided to join the Plan under the above conditions and agree to be bound by its Rules and by the Terms of the Tax Consolidation Act 1997

Member

Signed Date

Service Details (Relevant to all applicants)

Was non-pensionable leave of absence ever taken?

Yes No

If yes please give date of duration

Was a refund of Superannuation contributions ever taken?

Yes No

If Yes, please give details

Funding Priority

Short service of years at age Social Welfare Offset Lump Sum Death Benefit of €

Spouse's Death in Retirement Pension: Spouse's Death in Service Pension:

I recognise that these projections are for illustrative purposes and are in no way guaranteed. The actual benefits payable at retirement are dependent on my continued recommended contributions and the fund performance.

Details of Contributions

Monthly contribution % of salary

Lump sum contribution

Investment Choice

Friends First

Irish Equity %
International Equity %
Property %
Stewardship (ethical) %
Consensus %
Managed %
With Profit %
Balanced Investment Solution *(Only for terms to NRA of 5-9 years)* %

Fixed Interest %
Cash %
Global Trend %
European Corporate Bond %
External
KBCAM %
New Ireland Managed %

Irish Life

Exempt Consensus %
Exempt Active Managed %
Secured Performance %
Exempt Guaranteed %
Consensus Lifestyle %
Individual Investment Service %
Global Equity Indexed %

Salary Deduction Mandate

Please deduct until further notice from my salary, each month commencing on the / / % of my salary in respect of my contribution under the PSEU AVC Plan and remit this amount to the plan provider.

I recognise that these deductions are being made solely as a measure of convenience to me, and 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 on foot of sums deducted as stated in Paragraph 1 above, my Employer accepts no responsibility of any kind in the matter.

Signed Date

Employer

Staff No.

MARSH

Marsh Ireland Limited,
St James House, Adelaide Road, Dublin 2.
Tel:(01) 604 8100.
Offices at Dublin, Cork, Galway, Limerick and Sligo

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