

RETIREMENT BENEFITS PLAN – Withdrawal Form

Section A should be completed by the Trustees of the Plan.
Section B overleaf should be completed by the Member.
Section C should be signed by the Trustees and the Member.

SECTION A

Name of Scheme / Employer		
Member's Name:	Mr / Mrs / Miss / Ms	
Scheme Number:		PPS Number
Reason and date for cessation of employment e.g. "resignation", "redundancy", "dismissal":	Reason:	
	Date:	
Any pension secured by the Employer's contribution to which the Member has no vested rights:-	(a) is to be surrendered / transferred	
(please tick appropriate box)	(b) is to be preserved for the Member as a deferred pension if permissible	
Total amount of contributions paid by the Member:	€	
Member's Final Remuneration*:	€	

*Final Remuneration normally means the Member's basic salary for the twelve months ending on the date as specified in item 4 above plus the average of his other emoluments for the three or more consecutive years ending on that date, except in the case of a 20% director, when it normally means the average of the total emoluments for any three or more consecutive years ending not earlier than ten years prior to the date as specified in item 4 above.

SECTION B

Following your withdrawal from your Employer, there are several options in relation to your accrued pension benefits.

As a result of the Pensions Act 1990 as amended you may have the choice of all the listed options below. Please refer to the covering letter which was attached to this Retirement Benefits Plan Withdrawal Form which lists your specific options or ask the Trustees if you are in doubt. Once you have considered your options please:

- (1) tick the appropriate box to indicate your preference;
- (2) sign and date this form; and
- (3) return this form to the Trustees of the Plan.

please tick option required ✓

(a) I wish to retain in the Plan any deferred benefits to which I am entitled. I understand that the deferred benefits will become payable when I reach Normal Retirement Date or on my death, as appropriate.

(b) I wish to transfer the value of my deferred benefits to the exempt approved occupational pension scheme of my new employer.

Note: we require:

- (i) a letter from the Trustees of the new employer's exempt approved occupational pension scheme stating they will accept the transfer and that it is exempt approved; and
- (ii) the Revenue Reference Number and Pensions Board reference number of the new exempt approved occupational pension scheme.

SECTION B (continued)

(c) I wish to transfer the value of my deferred benefits to a Personal Retirement Bond.
Note: we require a letter from the Life Office offering the Personal Retirement Bond stating they will accept the transfer.

(d) I wish to transfer the value of my deferred benefits to a Personal Retirement Savings Account (PRSA).
Notes:
 1. We require a letter from the PRSA Provider stating they will accept the transfer.
 2. You cannot choose this option if you have more than 15 years pensionable service.

(e) I confirm I have less than 2 years pensionable service, that I have no vested rights in the Plan and that I am not a 20% Director and I confirm that I wish to receive an immediate payment in respect of the contributions I have paid if (and to the extent that) repayment is permissible under the Rules of the Plan and subject to the appropriate deduction. I realise that in so doing I forgo any entitlement I may have had to the benefit of the Employer's corresponding contributions.

Apart from options (a) and (e) please outline who the Transfer Value cheque is to be made payable to i.e. (b) the Trustees of the new scheme, (c) the Life Office or (d) the PRSA Provider:

If you require further information please contact the Trustees, the Trustees' advisors or Phoenix Ireland.

SECTION C – SIGNATURE

Member's Signature:	<input type="text"/>	Date	<input type="text"/>
Signature on behalf of the Trustees	<input type="text"/>	Date	<input type="text"/>
Signature on behalf of the Trustees	<input type="text"/>	Date	<input type="text"/>

Phoenix Ireland is the trading name used by Scottish Mutual International Limited and Phoenix Life Limited.
 Scottish Mutual International Limited is authorised and regulated by the Central Bank of Ireland and is registered in Ireland (Company No. 242244).
 The company's registered office is 25-28 North Wall Quay Dublin 1, Ireland. An up-to-date list of its directors, containing the particulars required by paragraphs (a), (b) and (c) of section 196(1) of the Companies Act 1963, is available upon request from the company's registered office.

Phoenix Life Limited is authorised and regulated in the United Kingdom by the Financial Services Authority. Phoenix Life Limited is incorporated in England (Company No. 1016269) and has a registered branch in Ireland (Branch No. 906073). The company's registered office is 1 Wythall Green Way, Wythall, Birmingham B47 6WG United Kingdom. Its directors are A B Davidson (UK), J P Evans (UK), M J Merrick (UK), A Moss (UK), M D Ross (UK), J C Park (UK), W R Treen (UK), M N Urmston (UK) and J Yates (UK).
 (UK). **PI_RET BEN/0311**