

The National Federation of Voluntary Service Providers Pension & Life Assurance Scheme

Employee Application Form

This form should only be used for NEW members of the National Federation of Voluntary Service Providers Pension & Life Assurance Scheme. **Please complete every item on this form in BLOCK CAPITALS.** If any item is blank or illegible, this will cause a delay in processing your application. If you are unsure about any item, you should ask your HR department.

Before you give us your personal information it is important that you know what your data protection rights are and how and why Irish Life use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at <https://www.irishlife.ie/ila-privacy-notice> or you can ask us for a copy.



Section 1: Scheme Details - this Section is to be completed by your Employer

Once you have completed this form, hand it to your employer, and they will fill in Section 1.

Employer Name
Scheme Number
Employee's date of joining organisation
Employee's date of joining Pension Scheme
Employee's current salary € per annum

Section 2: Your Details - Sections 2, 3, 4 and 6 are to be completed by the Employee

Use both first name and surname in your employee records.

Title Mr Mrs Miss Ms Other
First Name Surname
Address
Eircode
Phone Work Mobile

Please provide your mobile phone number and your email address, both are needed so you can access your pension saving details through our online services.

Personal Email Address
Date of Birth Male Female

PPS Number has 7 digits and 1 or 2 letters. Required for Revenue Approval.

PPS Number

Section 3: Benefits from Previous Employment

Are you entitled to pension scheme benefits from a previous employment or scheme? Yes No

If yes, please state the name of the scheme or employer

If you wish to transfer these benefits to this Scheme, please fill out a separate Transfer of Benefits Form.

It is important to get financial advice before transferring your pension scheme benefits from a previous employment, to this Scheme.

Section 4: Your Pension Contribution Details

Regular

- a. Employer Contributions % of salary
- b. Regular Employee Contributions* % of salary
- c. Additional Voluntary Employee Contributions (AVCs)* % of salary

*You may wish to pay AVCs to provide yourself with extra benefits at retirement. If you would like to commence paying AVCs by deducting a set % from your wages please complete box C above. You can amend or cease these payments at any time by contacting your employer.

If you do not wish to commence paying AVCs at this time, please leave Box C above blank.

Age	Maximum annual contributions as % of gross salary
<30	15%
30-39	20%
40-49	25%
50-54	30%
55-59	35%
Age 60 & Over	40%

Employees may qualify for tax relief on their own pension contributions. The percentage of your contributions that you can claim tax relief are shown in the table above. The percentage includes the 5% pension contribution that is required to be paid by the employee for this Scheme. Any contributions in excess of the 5% employee contributions paid by the employee will be treated as AVCs. The maximum earnings limit for tax relief on pension contributions for 2021 is €115,000. Please refer to your member booklet or our website www.irishlifecorporatebusiness.ie for details on the Standard Fund Threshold allowable for tax relief purposes.

Section 5: Investment Details

Your initial contributions will be invested in the EMPOWER Personal Lifestyle Strategy. When you have been included in the Scheme you will be sent details of the 6 other investment funds available under the Scheme.

You can at that stage choose to invest in one or more of the available funds by completing a fund switch through the online Member Portal. There are 6 funds available in the Scheme, you can select to invest into a maximum of 5 funds at a time.

Section 6: Data Privacy Notice and Employee Declaration

Data Privacy Notice

I confirm I have been informed about the Irish Life Data Privacy Notice and where to find it.

Employee Declaration

I declare that the questions above have been answered honestly and with reasonable care and the contract with Irish Life Assurance plc. shall be comprised of this Application and Declaration. I declare that I have applied for membership to the Scheme to which this Employee application form relates and that specific conditions shall apply as indicated above. I hereby authorise my employer to make the necessary deductions from my salary or wages for the specific purpose of paying the employee contributions detailed earlier in this form until such time as the employer receives notice in writing from me to the contrary.

Please sign and date

Signature of Employee

Date

Please return your completed application form to your employer.

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