RETIREMENT REQUEST FORM – Personal Pension Plans

SECTION 1 – YOUR DETAILS

Forename(s) (in full) 
Surname 
Address 1 Address 2 
Town County 
Policy Number(s) 
PPS Number:

YOUR RETIREMENT BENEFITS – PLEASE COMPLETE THIS SECTION IN ALL CASES

The following options are available at retirement. Selection in some sections may restrict options in other sections (tick one box ✓)

a) Tax Free Lump Sum (25% of the value of the fund - subject to certain tax thresholds) Plus a Reduced Annual Pension (Please continue to section 2)

Or

b) A Full Annual Pension (Please continue to section 2)

Or

c) Investment in an Approved Retirement Fund (subject to conditions in section 3)

Or

d) Full Cash Drawdown (subject to conditions in section 3)

Or

e) Open Market Option (Please continue to section 3)
**SECTION 2 (OPTIONS A OR B - COMPLETE THIS SECTION WHERE YOU REQUIRE A PENSION)**

I wish to receive the pension on the following basis (tick one box ✓)

- [ ] Tax Free Lump Sum (25% of the value of the fund- subject to certain tax thresholds) Plus a Reduced Annual Pension
- [ ] A Full Annual Pension

**Note:** The benefits may differ from those shown in the attached letter, depending on your chosen option.

I should like the amount of pension (tick one box ✓)

- [ ] Monthly in Advance
- [ ] Yearly in Advance
- [ ] Monthly in Arrears

I should like the amount of pension (tick one box ✓)

- [ ] To remain level
- [ ] To escalate at 3%

The pension should be payable (tick one box ✓)

- [ ] Throughout my lifetime
- [ ] Guaranteed for five years (i.e. payable throughout your life for a minimum of five years irrespective of survival)
- [ ] Guaranteed for ten years (i.e. payable throughout your life for a minimum of ten years irrespective of survival)

In the event of your death after commencing benefit, do you wish to provide a pension for your widow(er)? (tick one box ✓) (see below)

- [ ] Yes
- [ ] No

If "yes" please complete the section below (spouse details) and enclose your spouse’s PPS number, a certified copy of their Passport or Drivers License, and Marriage Certificate or take these to Phoenix Ireland, 16 Joyce Way, Park West Business Park, Dublin 12, who will photocopy them and certify that they have seen the originals. If “no” go straight to section 4.

**SPOUSE DETAILS**

Forename(s) (in full)

Surname

Date of Birth (DD/MM/YYYY)

PPS Number

In the event of your death after commencing benefit, Do you wish your pension to continue to be paid to your widow(er) throughout his/her lifetime (tick one box ✓)

- [ ] In full
- [ ] Reducing by one third on death
- [ ] Reducing by one half on death
### SECTION 3 (OPTION C – INVESTMENT IN AN APPROVED RETIREMENT FUND)

In order to invest in an approved retirement fund we require confirmation of the following:

**Do you wish to take a Tax Free Lump Sum (25% of fund value- subject to certain tax thresholds)?**

- Yes □
- No □

Please print below the name of the Qualifying Fund Manager/ Life Assurance Company who will provide the Approved Retirement Fund –

(Please note that we will require a letter of acceptance from the receiving Life Company to state they are willing and able to accept the monies)

**Note:** The following conditions apply when investing in an Approved Retirement Fund (tick one box □)

- **Do you have a guaranteed income of at least €12,700 p.a. for life?** (Please note that evidence will be required; for example official confirmation of a pension whether this be Social Welfare or an annuity written through a life company which would be guaranteed for life)

- **OR**
  
  - **Have you invested at least €63,500 in an Approved Minimum Retirement Fund or purchased an annuity with €63,500?** (Please note that evidence will be required; for example a letter from the Life Company confirming the AMRF or the existence of the annuity purchased with the €63,500.)

- **OR**
  
  - **Are you age 75 or over**

If you have not already met the above conditions and would still like to choose the ARF option you must invest €63,500 in an Approved Minimum Retirement Fund or purchase an annuity with €63,500

**Approved Minimum Retirement Fund**

Please provide the name of the Qualifying Fund Manager/ Life Assurance Company who will provide the Approved Minimum Retirement Fund – Complete in the box below.

(Please note that we will require a letter of acceptance from the receiving Life Company to state they are willing and able to accept the monies)

**Annuity Investment**

Please provide the name of the pension provider who will provide the annuity payment – Complete in box below

### SECTION 3 (OPTION D – FULL CASH DRAWDOWN)

**FULL CASH DRAWDOWN**

To be able to take the value of the pension fund net of income tax you must be able to answer YES to at least one of the following requirements.

- **Do you have a guaranteed income of at least €12,700 (evidence will be required)**

  - **OR**

  - **Have you invested at least €63,500 in an Approved Minimum Retirement Fund or purchased an annuity with €63,500? (evidence will be required)**

  - **OR**

  - **Are you age 75 or over**
### SECTION 3 (OPTION E – OPEN MARKET OPTION)

**Open Market Option (Transfer to another Life Office to provide benefits)**

Please provide the name of the life assurance company to which the cheque representing the value of your pension fund is to be made payable

(Please note that we will require a letter of acceptance from the receiving Life Company to state they are willing and able to accept the monies)

If you have selected an Approved Minimum Retirement Fund or Approved Retirement Fund option please take special care to satisfy yourself that these meet your needs. In particular, please make sure that you are clear as to the financial consequences of not fully effecting your pension entitlement which is available on guaranteed terms. If you are in doubt about this, please contact your insurance intermediary in the first instance or Phoenix Ireland.

### SECTION 4 (OPTIONS A or B – ANNUITY MANDATE)

Please complete this section where pension benefits have been chosen.

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<th>Policy Number</th>
<th>Policyholder</th>
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I hereby request Phoenix Ireland, until these present instructions are withdrawn, to pay installments of the above pension to the under noted Bank/Building Society whose receipt shall be binding upon me.

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<th>Name of bank</th>
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<th>Account Holder's Name(s)</th>
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<th>Signature of account holder:</th>
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Where I require any benefit other than a pension benefit I understand that payment will be an absolute discharge, by Phoenix Ireland, for all liability under the policy in respect of the amount payable, including but not limited to, any guaranteed benefits accumulated under that portion of the policy to which the payment relates.

Please sign and date the form and then return it along with the documentation required for your choice of pension benefits and the original policy document.

Signature of policyholder

Date

Please enclose the following documents with this form

- Certified copy of age evidence (Drivers License or Passport)
- Return of the original policy document*