Employee application form for the Eircom AVC Scheme



Lower Abbey Street Dublin 1 Ireland T: 01 704 2000 F: 01 704 1900



Please complete every item on this form in BLOCK CAPITALS

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1. SCHEME DE	TAILS			
Scheme Name	EIRCOM AVC SCHEME	Schem	e Number 60	
2. YOUR DETA	lLS			
Title (Mr/Ms/etc)	Date of Birth d d / mm / y y	′УУ	Male Female	
First Name			name	
	Please use both the first name and surname in your employee	e records		
Address				
Marital Status	Married Single Widow(er) Separated	d 🛄 Div	vorced PPS Number PPS Number 0 Vorced PPS Number should contain 7 digit	s and 1 or 2 letter
3. YOUR EMPL	OYMENT AND MEMBERSHIP DETAILS			
Date employment st	tarted dd / mm / yyyy Payroll/Staff Numb	er	Current Salary €	p.a
Telephone (If availal	ble)	oile Numbe	er (If available)	
Expected Retirment	Date dd / mm / yyyy			
4. YOUR PENS	ION CONTRIBUTION DETAILS			
Contributions will co	ommence as soon as application is processed. Please choos	e one of th	ne following options:	
1. I wish to have	€ removed from my salary monthly			
1. I WISH to have				
2. I wish to have	% of my salary deducted monthly			
I wish to pay a once-	-off lump sum of €			
		Age	Maximum annual contributions	
*Note: Employe	es can get generous tax relief on	Age	as % of gross salary	
	n contributions. In any tax year	<30	15%	
	butions are limited according to	30-39	20%	
	ect to Revenue approval.	40-49	25%	
This is shown in t	the table opposite.	50-54	30%	

55-59

Age 60 & Over

35%

40%

CONTACT DETAILS

An EIRCOM AVC Helpline exists to answer your queries on the AVC plan. You can contact the Irish Life Advice Centre on: Telephone: 01 704 1845.

Or for more information on the plan contact:

Michael Halligan, Halligan Insurance, Unity Building, 16/17 Lower O'Connell Street, Dublin 1. Telephone: 01 873 1033. Fax: 01 873 1978. Email: info@halligan.ie. Website: www.halligan.ie



5. BENEFITS FROM PREVIOUS EMPLOYMENT/PLAN											
Are you entitled to pension plan benefits from a previous employment or plan?	yes	No									
If yes, please state the name of the plan or employer											
If you wish to transfer these benefits to this plan, please fill out a separate Transi	fer of Benefits F	Form.									

6. INVESTMENT DETAILS

Please note that all regular contributions will go into the default investment strategy, the Individual Investment Service(IIS) unless otherwise stated. For those who wnt to select an alternative strategy, please tick the box below and fill out a Specialist Fund Choice Form.

I wish to choose an alternative fund as indicated on the Specialist Fund Choice Form

7. DATA PROTECTION NOTICE & EMPLOYEE DECLARATION

Data Protection Notices and Consents

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

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 this contract/transaction by Irish Life Corporate Business, its servants and agents (together with such other information supplied or obtained by Irish Life Corporate Business 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 Irish Life Assurance plc ("the Company") and to other companies in the Company's group, to reinsurers, to health professionals and other insurance companies.

Employee Declaration

I declare that the answers to the above questions are in every respect true and complete and that this application and declaration shall form the basis of the contracts with Irish Life Assurance plc. I declare that I have applied for membership to the plan 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.

Signature	×	Date	d d	/	mm	/	уу	уу	/

8. DEDUCTION AUTHORITY FOR EIRCOM EMPLOYEES

Complete and Return to: Halligan Insurances.	Unity	Ruilding	16/17	Lower O	'Connell	Street	Dublin [*]	1
Complete and Return to. Hamgan insurances,	Unity	Dunuing,	10/17	LOWEI O	Connen	JUEEL,		

Employees Name		Payroll Staff Number
Date of Birth	dd / mm / yyyy	

I hereby declare that the AVC Savings policy, in respect of which these deductions are being made, is being effected by me and I recognise that, beyond making and remitting deductions as specified above, my employer accepts no further responsibility of any kind in this matter. I hereby authorise my employer to deduct from my salary, the contributions plus future increases in respect of the AVC Savings policy as set out above and to have these deductions remitted to Irish Life Assurance Co. I recognise that these deductions will be made solely for my convenience and may be discontinued by the Company at any time. I also recognise that the ultimate responsibility for ensuring the deductions have in fact been made rests solely with myself. I understand that my AVC Savings amount is adjustable by me at any time and unless I request otherwise, will be index linked on a yearly basis in line with my salary increases.

Signature X Date dd / mm / yyy	′ y
PERSONS REGISTERED IN IRISH WITH EIRCOM LTD., SHOULD SIGN THIS FORM IN IRISH	
Staff No Office of Employment	
Payroll Group Savings Start Date dd / mm / y y y y	
Amount of deductions: Weekly/Fortnightly/Monthly (Until further notice)	
sh Life Corporate Business	-06)