

New Entrants Application Form for Community Training Centre

Pension & Life Assurance Scheme

Name of C.T.C. :

Your Surname:

Forename:

Home Address:

Date of Birth:

Date of Joining Service:

Date of Joining Scheme:

Phone Number:

Occupation:

Basic Salary (per annum):

€

Full Time:

Part Time:

Marital Status:

PPS No:

PAYE Tax District

Pension Contributions: Employer – 6.5% Salary Employee 3.5% Salary

Do you wish to make **additional voluntary contributions** (AVC's) Yes / No

AVC Option a) € per Month OR Option b) % of salary per Month

I hereby apply to join the Scheme and agree to be bound by the Rules of the Scheme. I authorise deductions from my earnings in respect of contributions required under the Rules of the Scheme.

I authorise New Ireland Assurance Company plc to obtain information and benefit details from the trustee/administrator (and/or relevant Life Office) of any Scheme, arrangement or contract of which I am or have been a member.

Signed by Member:

Date:

P.S. Member contributions are automatically allowed for Tax and PRSI relief by payroll.

Kindly complete and return to:
FREEPOST
CTC Pension Administrators
Halligan Insurances
Unity Building, 16/17 Lower O'Connell Street,
Dublin 1.