

Morrison Pension Scheme

Employee application form for members of Morrison TES Ltd & Morrison Utility Services Ltd



Irish Life

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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 or the plan adviser.

1. SCHEME DETAILS

Scheme Name Scheme Number

2. YOUR DETAILS

Title (Mr/Ms/etc)

First Name Surname
Please use both the first name and surname in your employee records

Address

Date of Birth / / Male Female

Marital Status Married Single Widow(er) Separated Divorced

PPS Number Tel No. Mobile No.
PPS Number should contain 7 digits and 1 or 2 letters

3. YOUR EMPLOYMENT AND MEMBERSHIP DETAILS

Date employment started / / Date plan membership is to commence / /

Payroll/Staff Number Current Salary or Earnings € per annum

Precise Occupation

Are you an: Employee yes no Director yes no If yes for Director, what percentage?

4. 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 ask for a *Transfer of Benefits Form*.

5. YOUR PENSION CONTRIBUTION DETAILS

Date contributions are to commence / /

	Regular	Initial Lump Sum
a. Employer Contributions	<input type="text"/> % of salary	€ <input type="text"/>
b. Compulsory Employee Contributions*	<input type="text"/> % of salary	€ <input type="text"/>
c. Additional Voluntary Employee Contributions*	<input type="text"/> % of salary	€ <input type="text"/>
	or € <input type="text"/> per <input type="text" value="week"/> <input type="text" value="month"/>	

*For unsalaried staff, salary is assumed at €31,244.20 which is currently the average industrial wage

*Note: Employees can get generous tax relief on their contributions to the pension plan (sum of b. and c. above). In any tax year employee contributions are limited according to age and are subject to Revenue approval. This is shown in the table opposite.	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%

6. INVESTMENT DETAILS

The trustees have recommended the Consensus Lifestyle Strategy as the default investment choice for the scheme. To go with this choice, select Option 1 below. Otherwise select one of the other investment options available.

You must choose **one and one only** of Options 1, 2 or 3.

Office Use

- Option 1 100% Consensus Lifestyle** Consensus Lifestyle invests in the Consensus Fund and then gradually moves into the Pension Protection Fund and the Capital Protection Fund over the 5 years before Normal Retirement Age.

- Option 2 One or more of the funds listed here** If you choose this option, you must tell us what percentage you wish to invest in each fund, subject to a maximum of 5 funds. You can invest 100% in one fund or spread it over a number of funds but the total must equal 100%.

Office Use

	Regular Contributions	Once-Off Contributions
Consensus Fund	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Active Managed Fund	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Indexed Global Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Capital Protection Fund	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Property Fund	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Cash Fund	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Total	1 0 0 . 0 0 %	1 0 0 . 0 0 %

- Option 3 Another fund not listed** If you wish to choose a different fund, please ask for a *Specialist Fund Choice Form*.

7. WAIVER STATEMENT

I declare that I have been offered this financial product by reputable sources but I am declining the offer. Any loss incurred by me declining this offer is my own responsibility and not the responsibility of those offering me this financial product.

Signed:

8. 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.
- 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.
- 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

- 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.
- 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

This form should be returned to the HR Department, Morrison, Dublin.