

# APPLICATION FORM EMPLOYER

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in both the LCP Ireland and the Irish Life Data Privacy Notices which are always available on the respective websites, <http://www.lcpireland.com/privacy-policy/privacy-notice/> and <http://www.irishlifecorporatebusiness.ie>, or you can ask us for a copy of either.

## Section 1 Company Details

**Company Name**  
(Full Legal Name) \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

Administration

Payroll

**Contact Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Company Reg No**

**Tax Reference No.**

## Section 2 Pension Contribution Details

**Frequency**

Monthly

**Method of Payment**

Direct Debit

Electronic Transfer

**Annual Review Date**

**Contribution Start Date**

**Contribution Levels**

Category 1

Category 2

Category 3

**Description**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employer % Salary**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee % Salary**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Normal**

**Retirement Age**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Section 3 Scheme Rules

Please choose which Growth Strategy you would like to include in your Default Retirement Strategy.

Balanced Risk

Performance Equity

Is membership of CONNECT a condition of employment?

Yes

No

Please specify any eligibility criteria for joining CONNECT

Under what circumstances do members who leave service benefit from employer contributions?

(Please choose one of the three options)

Option 1

Option 2

Option 3

Automatically

After  years of company service  
or  years of plan service

Pensions Act minimum  
(after 2 years plan service)

## Section 4 Employer Declaration

I declare that I have applied to become a Participant Employer in the **CONNECT Pension Master Trust** (known as **CONNECT**), which has approval from the Revenue Commissioners as an exempt approved Master Trust under the Taxes Consolidation Act 1997 for the provision of retirement benefits under the Pensions Act 1990. On signing this Employer Application, I declare that I have been supplied with and agree to adhere to the Participant Agreement for **CONNECT** and I agree to adhere to the rules and responsibilities of a Participating Employer therein.

We confirm we have been informed about both the LCP Ireland and the Irish Life Data Privacy Notices at where to find them.

We will advise all potential members of the availability of both the LCP Ireland and the Irish Life Data Privacy Notices at:  
**<http://www.lcpireland.com/privacy-policy/privacy-notice/> and <http://www.irishlifecorporatebusiness.ie>**

Signature

Date

Status

The Administrators and the Trustees will treat all information submitted as confidential. It may be used for the provision of Member benefits under **CONNECT**. The persons to whom the data may be disclosed will include administrators, accountants, professional advisers, insurance companies and other organisations in connection with the management.

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## Section 5 SEPA Direct Debit Mandate

By signing this mandate form, you authorise

- (A) Irish Life Assurance plc to send instructions to your bank to debit your account and
- (B) your bank to debit your account in accordance with the instruction from Irish Life Assurance plc.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

**Please complete all the fields below marked\***

Your Name\* \_\_\_\_\_

Your Address\* \_\_\_\_\_  
\_\_\_\_\_

City/Postcode\* \_\_\_\_\_ Country\* \_\_\_\_\_

Acc. No. (IBAN)\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SWIFT BIC\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Creditor Name Irish Life Assurance plc

Creditor Address Irish Life Centre, Lower Abbey Street, Dublin 1

Type of Payment\* Recurrent  OR One-off payment  (please tick one box only)

Signature (s)\* \_\_\_\_\_ Date\* \_\_\_\_\_

## For completion by Irish Life Assurance plc

The above direct debit mandate relates to:

Pension Scheme Name \_\_\_\_\_

Pension Scheme Number \_\_\_\_\_

Unique Mandate  
Reference

Creditor Identifier

IE38ZZZ3013634

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

In the interest of customer service we may record and monitor calls. Irish Life Assurance plc, Registered in Ireland number 152576, VAT 9F55923G.

**PLEASE RETURN THIS COMPLETED FORM TO THE CONNECT TEAM**