

APPLICATION FORM EMPLOYEE

Please read the CONNECT Member Guide before completing this form

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 Employer Name

Employer Name -----

Category -----

Section 2 Personal Details

Title (please tick) Mr Mrs Miss Ms Other:

Name -----

Address -----

Date of Birth Gender Male Female

Relationship Single Married Civil Partner Widower Divorced Separated

Phone Number ----- PPS Number -----

Email -----

Date joined company ----- Date joined scheme -----

Annual salary -----

Do you have pension benefits from a previous employment? Yes No

If Yes, please provide the name of the scheme or employer? -----

Is there a court approved Pension Adjustment Order in place in relation to your retirement benefits? Yes No

Section 3 Additional Voluntary Contributions (AVCs)

I understand that I will make regular contributions as set out in my Member Schedule. In addition, I wish to make AVCs of

% of Salary

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Section 4

I wish to invest fully in the (Default Option)

CONNECT RETIREMENT STRATEGY (please tick)

Yes No 100%

OR

I wish to invest in the following combination of CONNECT Strategies

CONNECT Cash	_____	%
CONNECT Pension Purchase	_____	%
CONNECT Lower Risk	_____	%
CONNECT Balanced Risk	_____	%
CONNECT Higher Risk	_____	%
CONNECT Performance Equity	_____	%

Your choices must add up to

100%

Please complete Section 5 OR Section 6 below as appropriate

Section 5

Data Privacy Notice

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

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 my entry into CONNECT. I declare that I have applied for membership to the plan to which this application form relates. I hereby authorise my employer to make the necessary deductions from my salary or wages for the specific purpose of paying the employee contributions required under CONNECT until such time as the employer receives notice in writing from me to the contrary.

Signature

Date

The Administrators and the Trustees will treat all information concerning you and your Dependants as confidential. It may be used for the provision of your 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 and administration of **CONNECT**.

Section 6

If you **DO NOT WISH** to join the Scheme you must complete this Section:

I understand that the Company has given me the opportunity to join **CONNECT** for pension benefits. I acknowledge that the various options have been explained to me. I hereby indicate that I do not wish to become a member of **CONNECT** for pension benefits and discharge the Company and the Trustees from any liability in respect of pension benefits under the Scheme. I understand that should I wish to join the Scheme for pension benefits at a future date, this will be at the discretion of the Company and Trustees.

Signature

Date