

NUI MAYNOOTH VOLUNTARY CONTRIBUTION SCHEME EMPLOYEE APPLICATION FORM

This form should only be used for **NEW** members of the NUI Maynooth Voluntary Contribution Scheme. **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. The completed application form should be sent to: Maynooth University Human Resources Office, Riverstown Lodge, South Campus.

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 the Irish Life Data Privacy Notice which is always available on our website at http://www.irishlifecorporatebusiness.ie or you can ask us for a copy.



our website at http	e://www.irishlifecorporatebusiness.ie or you can ask us for a copy.					
Section 1: Sche	me Details					
Scheme Name	NUI Maynooth Voluntary Contribution Scheme Scheme Number 6 0 1 3 8					
Section 2: Your	Details					
Title	Mr Mrs Miss Ms Other					
First Name	Surname					
Address	Please use both the first name and surname in your employee records.					
7 dai ess						
Phone	Work Mobile					
There	Please provide your mobile phone number and your email address, both are needed so your online services.	ou can access your	pension saving details through			
Email Address	our offinite services.					
Date of Birth	/ / / Male Female					
Relationship Status	Married Single Widow(er) Separated Divorced	Civil Partne	er 🔘			
PPS Number	PPS Number should contain 7 digits and 1 or 2 letters.	This is required for	Revenue approval.			
Section 3: Your	Employment and Membership Details					
Date employment start	ed / / / Date plan membership is to commence	/ / /				
Payroll/Staff Number	Current Salary €		per annum			
Precise Occupation						
Are you a:	20% director Yes No 5% director Yes N	lo 🔾				
Section 4: Bene	fits from Previous Employment Plan					
Are you a member of y	our employer's main Pension Plan? Yes No If yes, please s	tate the name of t	he plan or employer			
Are you entitled to pen	sion plan benefits from a previous employment or plan? Yes No If ye	es, please state th	e name of the plan or employer			
If you wish to transfer a	additional voluntary contributions from a previous employment to this plan, pleas	se fill out a separa	te Transfer of Benefits Form			
	, then you must also transfer your main plan benefits from a previous employme					
Section 5: Your	Pension Contribution Details					
Date plan contributions	s are to commence / / / /					
A deliti a mal Malamatama F	Regular		Once-off			
•	mployee Contributions*	Δ σο	Maximum annual contributions			
	claim tax relief are shown in the table opposite. This includes any contributions you	Age <30	as % of gross salary 15%			
The maximum earnings lin	nit for tax relief on pension contributions for 2018/2019 is €115,000.	30-39 40-49	20% 25%			
Fund Threshold allowable	per booklet or our website www.irishlifecorporatebusiness.ie for details on the Standard for tax relief purposes. Remember that when you retire or transfer your benefits from	50-54 55-59	30% 35%			
your employer's main plai	n, you must also take your AVC benefits at the same time.	Age 60 & Over	40%			

i ica	30
info	rm
You	m

Section 6: Investment Details

Please indicate your chosen investment option for your future contributions by ticking the box at the left hand side of your chosen option. Further information on the fund options is available on www.irishlifecorporatebusiness.ie.

You must choose **one and one only** of Options 1 or 2 below. If you do not indicate your preferred option your future contributions will be invested in the default investment option chosen by the Trustees i.e. Option 1 below.

Option 1
BE MY GUIDE

Trustee Default Investment Option

The Trustees of the plan have selected the Irish Life EMPOWER Personal Lifestyle Strategy (EMPOWER PLS)* as the current default investment option for the plan.

EMPOWER PLS first invests in a growth fund and then starts to switch into less volatile funds from 11 years to retirement which helps protect your pension fund value against market fluctuations as you get closer to retirement. From 6 years to go until retirement the strategy also gradually moves your pension savings into funds appropriate to the retirement benefits that you are likely to take at retirement.

Please note that if the Trustees agree a new default investment option for the plan in the future you will automatically move to the new default investment option as outlined by them.

*100% of contributions (this means Regular and Once-Off contributions) must be invested in a strategy if selected.

Option 2
I'LL DECIDE

My own investment choice

If you choose this option, you must tell us what percentage you wish to invest in each fund. You can invest 100% in one fund or spread it over a number of funds (subject to a maximum of 5 funds), but the total must equal 100%.

	Risk Rating Regular Contributions		Once-Off Contributions
Cash Fund (cash)		. %	. %
Multi Asset Portfolio (MAPS) 3 Fund (mixed asset	s) 3	. %	. %
Pension Protection Fund (bonds)	4	. %	. %
Consensus Fund (mixed assets)	5	. %	. %
Property Fund (property)	6	. %	. %
World Equity Hedged Fund (equities)	6	. %	. %
Total		1 0 0 . 0 0 %	1 0 0 . 0 0 %

Section 7: Optional Consent

Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt out of any further sharing by emailing cbconsentoptout@irishlife.ie or writing to the Irish Life Data Protection Team. If you opt out we will keep a record of your instruction to opt out.

Lagree Idor	't agree ()				
✓ Signature		Date	/	/	

Section 8: Data Privacy Notice and Employee Declaration

Data Privacy Notice

I confirm I have been informed about the Irish Life Data Privacy Notice and where to find it.

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	X	Date		/ <u></u>	<u>/</u> _		

5cb (NPI 11-18) standard

 $\label{likelihood} \hbox{Irish Life Assurance plc} \ \ \hbox{is regulated by the Central Bank of Ireland}.$

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

