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| **Resource Toolkit** | Single Scheme Administration Project (Phase 1)**Retirement Resources**  |
| **Resource Name** | Other Retained Non-Single Scheme Benefits Verification Form |
| **Resource Reference** | SPS.RET.U.TF.02 (Phase 1) |
| **Description** | This form may be issued to a retiring Single Scheme member who has indicated that they hold retained pension benefits **outside of the Single Scheme.** |
| **Version**  | V1.0 |

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| **FORM RETBEN1****STATUTORY DECLARATION – RETAINED PENSION BENEFITS NOTIFICATION FORM** |

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| **Purpose:** This form is used to provide additional information on other pension benefits that you hold under any other pension arrangement. *Please note that a separate Retained Pension Benefits Notification Form mused be used for* ***EACH*** *retained pension benefit source (if applicable).* |

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| 1. **Type of Pension Arrangement *(please tick most appropriate description)***

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| --- | --- | --- | --- |
| Defined Benefit Occupational Pension Scheme |  | Retirement Annuity Contract |  |
| Defined Contribution Occupational Pension Scheme |  | Personal Retirement Savings Account |  |
| AVC Pension Scheme |  | Other: *Please specify* |  |

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| 1. **Name of Insurance Provider/Policy Administrator:**
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| 1. **Correspondence Address of Insurance Provider/Policy Administrator:**

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| 1. **Policy or Reference Number:**
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| 1. **Date of Entitlement to Benefits under this policy:** \_\_\_ /\_\_\_ /\_\_\_\_\_\_ (DD/MM/YYYY)
 |
| 1. **Amount of any transfer payment to an Overseas Arrangement and Contact Details for the Receiving Pension Arrangement:**
 | **€** |
| 1. **If a *Defined Contribution* Occupational Pension Scheme, an AVC Pension Scheme or PRSA:**
 |
| What is the current value of the fund? | **€** |
| What is/was the expected value of the fundon benefit entitlement date? | **€** |
| Details of any Lump Sum received to date | **€ on** \_\_\_ /\_\_\_ /\_\_\_\_\_\_   |
| 1. **If a *Defined Benefit* Occupational Pension Scheme:**
 |
| 1. Amount (or expected amount) of Annual Pension: **€** per annum
2. Amount of any Lump Sum Received or Expected: **€** on \_\_\_ /\_\_\_ /\_\_\_\_\_\_
3. Where you have exercised an option (or intend to) in accordance with Section 772(3a), 784(2a) or 787H(1) of the Taxes Consolidation Act 1997 (i.e. an “ARF” option), the amount or market value of the cash or other assets as were (or are expected to e) transferred either to you, to an RF and/or an AMRF, following the exercise of the option: **€**
4. Where you have not exercised an option (or do not intend to do so) inaccordance with Section 787H(1) of the Taxes Consolidation Act 1997 andinstead have retained (or intend to retain) the assets of the PRSA in that or any other PRSA, the amount or market value of the cash or other assets as are retained in the PRSA: **€**

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| **Member Statutory Declaration & Authorisation** |
| I declare that the information provided by me in this form is complete and correct. I acknowledge that I am personally responsible for any tax liability that may arise due to my non-declaration/incorrect declaration of any retirement benefits on this form.I authorise the Pension Administrators of my current employer (named below) to contact the Insurance Provider/Scheme Administrator named above in relation to any information associated with this declared retained pension benefit and authorise the release of this information by the Insurance Provider/Scheme Administrator to my current employer or its duly authorised agents. Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ /\_\_ /\_\_\_\_ (DD/MM/YYYY) |