

Withdrawal Options Discharge Form



Personal Details

Scheme Name	<input type="text"/>	Scheme Number	<input type="text"/>
Name	<input type="text"/>		
Date of Birth	<input type="text" value="/"/>	Trustee Name and Address	
Date Joined Scheme	<input type="text" value="/"/>	<input type="text"/>	
Date Joined Company	<input type="text" value="/"/>	<input type="text"/>	
Date Left Company	<input type="text" value="/"/>	<input type="text"/>	
Normal Retirement Date	<input type="text" value="/"/>	<input type="text"/>	

Following my withdrawal from employment with the above Company, I have been made aware that I have an entitlement to accrued assets held within the Company Pension Scheme. I hereby opt to (please tick elected option). Only one option is available.

Option One

RECEIVE A REFUND OF THE VALUE OF MY PERSONAL CONTRIBUTIONS

This option may only be selected if you have less than two years service

Option Two

TRANSFER MY ENTITLEMENT TO A BUY-OUT BOND

With Hibernian Life & Pensions Ltd (your Financial Adviser will provide an application form) OR Another Life Office

Option Three

TRANSFER MY ENTITLEMENT TO NEW EMPLOYER'S PENSION SCHEME

Please make cheque payable to

(This must be Trustee or new provider)

Name of new Employer's Pension Scheme

Address of new Scheme

Revenue Reference Number

Pension Board Number

Please attach a copy of the **Revenue Approval Letter** for the receiving scheme.

Please note failure to supply this information will result in a delay to the processing of the Claim.

Option Four

TRANSFER MY ENTITLEMENT TO A PERSONAL RETIREMENT SAVINGS ACCOUNT

Hibernian Life & Pensions Ltd
(your Financial Adviser will supply proposal form) OR Another PRSA Provider

I confirm that I have been a member of the employers pension scheme for less than 15 years.

I confirm that the scheme is being wound up or that I am changing employment.

Option Five

DEFER MY BENEFIT

My home address is

Option Six

IF YOU HAVE REACHED 50 YEARS OF AGE YOU MAY OPT TO TAKE YOUR BENEFITS NOW IN THE FORM OF A PENSION AND TAX-FREE LUMP SUM

Please tick this box to receive more information on this option.

Complete the following section if you have selected any of the Options Two to Four.

Please make cheques payable to

Please send cheque to

Name	Address
<input type="text"/>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

In full discharge of all liability of Hibernian Life & Pensions Limited in respect of all benefits provided by the above-mentioned scheme(s) and understand that values in respect of investments in the unitised with profit fund (if applicable) will reflect any Market Value Adjustment.

Members Signature

Date

Member Name
(Please print)

Trustees Signature

Date

Trustees Name
(Please print)



HIBERNIAN

an AVIVA company

Hibernian Life & Pensions Limited Registered in Ireland No. 252737 **Registered Office** One Park Place Hatch Street Dublin 2
Member of the Irish Insurance Federation.

Hibernian Life & Pensions Limited is regulated by the Financial Regulator.

Hibernian Life & Pensions Limited is a subsidiary of Hibernian Life Holdings Limited,
a joint venture company between Hibernian Group plc and Allied Irish Banks, p.l.c.

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Telephone calls may be recorded for quality and training purposes.