


Appointing a PRSA provider

FIELDS MARKED WITH  **MUST** BE COMPLETED

This is a contract between you,  and us, Irish Life Assurance plc, under section 121 of the Pensions Act, 1990 as amended.

Under this contract, you appoint us to provide Personal Retirement Savings Accounts (PRSAs) for you under section 121 of the Pensions Act, 1990 as amended. We are an approved PRSA provider and our products have been approved by the Pensions Board and Revenue Commissioners.


You must give us, or those acting for us, reasonable access to excluded employees (as defined opposite), at the work place, for the purpose of setting up standard PRSA contracts. You must also allow excluded employees reasonable paid leave (at a time which fits in with the demands at work) so they can make arrangements to set up a standard PRSA.


You must set up a payroll deduction facility to allow us to collect excluded employees' contributions. We will not use the direct debit instruction you gave us to make deductions from your bank account without first getting permission from you. The employee does not have to pay his or her contribution through the payroll deduction facility. Contributions can be paid from the employee's personal bank account or by any other method agreed with us.


Nothing in this contract prevents us (or anyone acting for us) from offering a PRSA other than a standard PRSA to excluded employees. You must provide the same payroll deduction facility for other PRSAs.

We are not responsible for meeting any obligations you have under the Act to set up and manage PRSAs, including PRSAs that are not standard PRSAs. You or we may end this contract by giving the other at least two months' notice in writing. We can also end this contract immediately if you do not keep to your obligations under relevant law or any agreement between you and us.

We have the right to alter this contract if this is necessary to keep to any new law.

Your address: 

Name (IN BLOCK CAPITALS) of the person authorised to sign for you: 

Job Title: 

Please tick **ONE** of the boxes below.

Are you:

a. A company?


b. A sole trader with a registered trading name?

c. An ordinary sole trader?

d. Self-employed?

e. A state organisation?

If you tick either a or b, please give us your Employer Tax Reference Number  **1**

If you tick c, d or e, please give us your Tax Reference Number  **2**

Signature of person duly authorised to sign for and on behalf of the employer:

Date:  / /

Signature for and on behalf of Irish Life Assurance plc:



Gerry Hassett, Chief Executive Ireland Retail,
Irish Life Assurance plc., Lower Abbey Street, Dublin 1



Irish Life

Excluded employees are:

- All your employees if you do not offer a pension scheme; or
- If you offer a pension scheme, any employee who is not eligible to join that scheme and who would not become eligible, under the rules of the scheme, within six months of the date he or she started working for you.

Please note that we will not make any changes to the deductions we take without first getting permission from your payroll department.

1 As appears on the company letterhead or as received from the Company Registration Office.

2 As appears on P30.

PLEASE ALSO COMPLETE THE SECTION OVERLEAF

Do you expect to be requested by any employee to facilitate payroll deductions?

Yes No

If yes, the information sections overleaf must be completed.

