

Section A - Application Form

Scheme Name

Pension Trust

Insert client name (BLOCK CAPITALS)

CHECKLIST: To set up your SSAP you must:

Please Tick

- Complete and sign this application form (Section A)
- Provide your most recent P60 or salary letter from the employer’s accountant
- Provide a valid copy of your Passport **and** Driver’s Licence, and a copy of **two** utility bills (both less than 3 months old)
- Complete the Debit Authority - signed by Trustee (Section B)
- Complete the Anglo Irish Bank Pension Scheme Mandate (Section C)
- Ensure that the signatory has the required authority to sign on behalf of the Approved Scheme

Please fill out the form in **BLOCK CAPITALS**. Do not leave any fields blank or incomplete.

Personal Details

Name <small>(Mr / Mrs / Ms)</small>			
Date of Birth <small>(DD/MM/YYYY)</small>		Address	
Marital Status			
Telephone			
Mobile			
Work Telephone		Address <small>(Correspondence)</small>	
Fax			
Email Address			

Broker Details

Name			
Broker Company			
Telephone		Address	
Mobile			
Fax			
Email Address			

Existing Pensions

Life Assurance Company	Policy Number	Transfer Value	Personal or Occupational Pension?	From previous or current employment?	To be transferred to SSAP (Y or N)
1.		€			
2.		€			
3.		€			
4.		€			
5.		€			
6.		€			

Section A - Application Form

Employer/Company Details

Name	<input type="text"/>		
Trading Address	<input type="text"/>	Registered Address (if different)	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Tax Reference Number (TRN)	<input type="text"/>	Employer / Company Year End (DD/MM)	<input type="text"/>
Companies Registration Number (CRO)	<input type="text"/>		

Member Employment Details

Total Remuneration include salary, BIK etc	€ <input type="text"/>	% Shares held in Employer Company: Self	<input type="text"/> %	Spouse	<input type="text"/> %
PPS Number	<input type="text"/>	Date employment commenced	<input type="text"/>		

Notes

1. Your spouse and children are automatically included as dependants unless special instructions to the contrary are received.
2. The Revenue approved Pensioner Trustee is Oregan Pensioner Trustee Limited ("OPTL"). The SSAP member is the 'Additional Trustee'.
3. Full vested rights are given unless we are otherwise advised.
4. Transfer Values of existing Pensions are required for funding calculation purposes. Where you have instructed that you wish to transfer benefits we will proceed to give effect to these instructions when your SSAP has received Revenue approval.

Declarations

1. I confirm that I have completed this application form to the best of my knowledge, ability, and belief. The information in this form together with the terms and conditions contained in the OPTL Letter of Engagement and Terms of Business shall be the basis of the contract between me and Oregan Pensioner Trustee Limited.
2. I acknowledge that my SSAP set up will commence when OPTL has received and accepted a fully completed application form and that my SSAP can be submitted to the Revenue Commissioners for approval only when all documentation and information requested has been provided to OPTL.
3. I am aware that there is a setup fee payable to OPTL in respect of the SSAP set up and submission to Revenue and I agree that OPTL may deduct this fee and the annual management fee by direct debit from my employer / company bank account, having given me one month's notice of the fee payable (Section B must be completed and returned).
4. I allow, in the event of failure to pay fees by direct debit, fees to be paid from my fund.

Data Protection Acts

The information that you have provided will be treated as confidential and retained by OPTL for the purposes of financial services or as required by law. You have a right to request a copy of the information we hold about you (for which we may charge a small fee) and to have any inaccuracies in your information corrected. OPTL may use the information you have provided for the purposes of providing you with additional information relating to the services of OPTL, its associated companies and/or third parties. OPTL may share information with its associated and affiliated companies and/or carefully selected third parties, to enable those associated and affiliated companies and/or carefully selected third parties, to contact you directly in relation to the services. If you do not agree to OPTL's use of the information for such purposes, please tick the box provided.

Member Signature

Date

Notes & Additional Information – Office Use Only

BC

OC

AC

TC

Instruction to your bank to pay SSAP fees by Direct Debits

Please complete to instruct your Bank to make payments directly from the employer bank account.

Originators Identification No. (OIN)

Originators Reference



Please write the name & full address of employer bank & branch

Bank

Branch

Name of account holder

Name

Sort Code & Account Number

Sort Code - -

Account Number

Your instructions to the Bank, and your Signature

- I instruct you to pay Direct Debits from the above account at the request of Oregan Pensioner Trustee Limited.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also so notify Oregan Pensioner Trustee Limited of such cancellation.

The Direct Debit Guarantee

This is a guarantee provided by your own bank as a member of the Direct Debit Scheme, in which banks and originators of Direct Debits participate.

- If you authorise payment by Direct Debit, then:
 - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
 - Your bank will accept and pay such debits, provided that your account has sufficient available funds.
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your bank of the amount so charged.
- You can cancel the Direct Debit Instruction in good time by writing to your bank.

Signature**Date**

Authorised Company Signatory

Second Signatory (If applicable)

Please return the completed form to:

Oregan Pensioner Trustee Limited
The Concourse Building
Beacon Court
Sandyford
Dublin 18

Tel: (01) 293 7200
Fax: (01) 293 7272
Email: ssap@orf.ie
www.orf.ie/ssap

Pension Scheme Mandate

We certify that a meeting of the Trustees of _____ (the Pension Scheme) held on the _____ day of _____ 20__ the following resolutions were passed:

1. That Anglo Irish Bank Corporation plc (the "Bank") be and is hereby requested and authorised to open in the name of the Trustees of the Pension Scheme such deposit account(s) as may now or from time to time be considered appropriate for the receipt and disbursement of the Pension Scheme's monies placed on deposit and to give effect to any order, direction, request or instruction given by the Pension Scheme to the Bank relating to withdrawals and transfers from such account(s) from time to time effected, made or given in accordance with the signing instructions in this mandate.
2. That this mandate, having been notified to the Bank, shall remain in force unless and until altered or varied by new instructions given pursuant to a decision to the Board of Trustees advised to the Bank in writing (in the form of a certified extract from the minutes of the relevant meeting or a supplemental mandate) signed by two Trustees of the Pension Scheme (including the Pensioner Trustee) whereupon such new or supplemental instructions giving effect to such decision (to the extent that the same shall be at variance or inconsistent herewith) shall replace or alter, as the case may be, the instructions herein contained.
3. That the Bank be furnished with the original Trust Deed of the Pension Scheme (for sighting purposes only), together with a list (see overleaf) containing full names, addresses and specimens of the signatures of the Trustees of the Pension Scheme or a memorandum in lieu signed by at least two Trustees of the Pension Scheme and that the Bank be informed by notice in writing, signed by at least two Trustees (including the Pensioner Trustee) and as soon as may be, of any change taking place from time to time in the Trustees of the Pension Scheme.
4. That the Bank be assisted in the discharge of its anti-money laundering responsibilities by providing such information and evidence which the Bank may request from time to time in this regard.

List of Pension Scheme Trustees

Additional (Member) Trustee

Address Additional Trustee

Pensioner Trustee: Oregan Pensioner Trustee Limited
 Agency Number: 413513

Signing Instructions

Signatory (BLOCK CAPITALS)	Pension Scheme Position Additional (Member) Trustee	Specimen Signature
Signatory Oregon Pensioner Trustee Limited	Pension Scheme Position Pensioner Trustee	Specimen Signature See following note

The Authorised Signatory for Oregon Pensioner Trustee Limited will be drawn from the approved schedule of authorised signatories, which is held by the Bank on the date of completion of this mandate. This approved schedule may be amended from time to time as agreed by the Bank and Oregon Pensioner Trustee Limited.

State person/persons authorised to sign on this account*:

The Additional Trustee and any one of the Oregon Pensioner Trustee Limited signatories

*At the discretion of the Bank on the instructions or purported instructions of any of the authorised signatories however given or originated including fax, telex, telephone or by any electronic system used by the bank from time to time, capable of receiving and obeying instructions for the withdrawal or transfer of money from accounts. The Bank may also at its discretion require at any time the signatures of all authorised signatories to operate the account.

OPTL has anti-money laundering obligations under the Criminal Justice Act 1994. Withdrawals from the account may be made only when all relevant account documentation has been received and processed.

Certified a true copy

Date

Additional (Member) Trustee SIGN HERE	
--	--

Subject to the Bank's usual terms and conditions

Please return the completed form to:

Oregon Pensioner Trustee Limited
The Concourse Building
Beacon Court
Sandyford
Dublin 18

Tel: (01) 293 7200
Fax: (01) 293 7272
Email: ssap@orf.ie
www.orf.ie/ssap