



# RETIREMENT BENEFIT CLAIM FORM >

I wish to claim retirement benefit:  
(please tick box where applicable)

As I have reached Normal Retirement age <input type="checkbox"/>	On grounds of Early Retirement <input type="checkbox"/>
On grounds of Late Retirement <input type="checkbox"/>	On grounds of Ill Health <input type="checkbox"/>

Please confirm in writing your chosen option:

I choose option : \_\_\_\_\_

Are the benefits being drawn down subject to a Pension Adjustment Order? YES  NO

If yes please give details: \_\_\_\_\_

Name of Claimant

Address to which all communications are to be sent \_\_\_\_\_  
PLEASE USE BLOCK CAPITALS

Date of Birth  Phone Number

P.P.S. Number  Email address \_\_\_\_\_

**Bank Account Details** Please note that we can only make payments to bank accounts held in the Republic of Ireland.

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Name on Account

IBAN

SWIFT Code

PLEASE CONFIRM IF YOU HAVE IRREVOCABLY SURRENDERED YOUR RIGHT TO A RETIREMENT LUMP SUM ON RECEIPT OF YOUR EX-GRATIA REDUNDANCY PAYMENT. YES  NO

IF YES, PLEASE PROVIDE DETAILS  
\_\_\_\_\_

DETAILS AND AMOUNTS OF ANY TAX FREE LUMP SUM(S) OR BENEFITS PAYABLE UNDER ANY OTHER PENSION ARRANGEMENT (OTHER THAN THE STATE SCHEME) SHOULD BE PROVIDED. (IF NONE PLEASE STATE 'NONE')

Signature \_\_\_\_\_ Date