CERS
BUILDING FOR **YOUR FUTURE**

Additional Voluntary Contribution (AVC) Application Form

Member Name: _____

Home Address: _____
PLEASE USE BLOCK CAPITALS
_____
_____

Date of Birth: _____ Phone Number: _____

Email address: _____ Member No: _____

Company Name: _____
_____

Contributions to be paid each week ☐ or each month ☐

Fixed amount / % of Salary per month: _____

NOTE: This AVC will be invested in the DEFAULT FUND i.e. the Standard Lifestyle Strategy unless you have provided an alternative instruction. Full information on the range of investment choices available and an Investment Instruction form are available on **www.cers.ie**

I hereby authorise the company to make the necessary deductions indicated above from my salary until further notice.

Signature: _____ Date: _____

When completed this form should be returned to your own payroll department and a copy sent to CERS at the address below.

CERS, 4 Clonskeagh Square, Clonskeagh Road, Dublin 14, D14 FH90
Tel: +353 (1) 407 1430 | **Fax:** +353 (1) 507 7490 | **Email:** info@cers.ie | **Web:** www.cers.ie