

RETIREMENT BENEFIT CLAIM FORM

I wish to claim Retirement Benefit (Please tick box where applicable):

As I have reached Normal Retirement age On grounds of Early Retirement
 On grounds of Late Retirement On grounds of Ill Health

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

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

Completed forms should be returned to: Construction Executive Retirement Savings (CERS), Linden House, 4 Clonskeagh Square, Clonskeagh Road, Dublin 14, D14 FH90 | t: (01) 407 1430 | e: info@cers.ie