

LifeSight Ireland Membership form

Name of Your Employer

Please complete each section of this Membership Form and return the completed form to HR/Payroll. You should complete this form promptly in order to ensure your benefits are based on accurate information and to avoid any delay in the provision of benefits. All sections of this form are compulsory and must be completed in full. Please use BLOCK CAPITALS.

My Personal Details

Full Name:		Date of Birth:	
Relationship Status:		Name of Spouse/ Civil Partner:	
Home Address:			
E-mail:		Phone (home):	
PPS Number:		Phone (mobile):	

Please note; if your personal circumstances change you must notify your Employer in writing.

My Employment Details

Date of Joining service:		Date of Joining the Scheme:	
Salary:		Employee Number:	
Occupation:			

Important

The Trustee collects and process personal information including the information you provide in these forms. Before you complete and return this form it is important you know more about this process and your rights. This is set out in the Trustee' Data Privacy Notice. The Data Privacy Notice is available at <https://www.lifesight.com/wp-content/uploads/2023/02/LifeSight-Ireland-Trustee-DAC-Privacy-Notice-Final.pdf> and may change from time to time so be sure to check back occasionally.

If you are providing personal information about another person you will need to let them know the information you have given us. You will also need to ensure that they have the Trustee's Data Privacy Notice available for them to read.

Please provide the following information with regards to your contributions to your LifeSight Retirement Account:
Please use BLOCK CAPITALS.

My Investment Choice

- I confirm that I have read and understood the Member Guide together with the Investment Guide.
- I am aware that my contributions will be invested in the Default fund option until such time as I elect to make any changes to my investment choices.

Contributions

- I wish to contribute _____% of my Salary to benefit from the company’s additional contribution.

Additional Voluntary Contributions (AVCs)

- I wish to contribute _____% of my Salary as an AVC (this is in addition to the above contribution).

Arriving from another EU Member State

- Yes No Was your last employment as an employee in another EU Member State?
- Yes No If you answered “yes” to the previous question, were you an active member of a pension plan in your last employment?

If you ticked “yes” to both the above two questions you must supply the information below.

- Enclosed To verify the above please attach a letter from your former employer or the administrators of the previous pension plan advising of your scheme benefits on leaving service.
- Enclosed If there is a gap in employment between your last employment and joining your new employment in Ireland please also supply evidence that you were not in employment during that gap (e.g. a social welfare payment statement).

NOTE: IF YOU DO NOT COMPLETE THE ABOVE QUESTIONS OR FAIL TO SUPPLY THE REQUESTED INFORMATION, THE TRUSTEES WILL WORK ON THE BASIS THAT YOU ARE NOT AN OUTGOING WORKER. FOR FURTHER INFORMATION ON OUTGOING WORKERS, SEE YOUR PENSION SCHEME GUIDE.

Name: BLOCK CAPITALS		Date:	
Signed:			

TO BE RETURNED TO: HR/Payroll Department