



NESTLE (IRELAND) ADDITIONAL VOLUNTARY CONTRIBUTION (AVC) PLAN

EMPLOYEE APPLICATION FORM

This form should only be used for **NEW** members of the Nestle (Ireland) AVC Plan. **Please complete every item on this form in BLOCK CAPITALS**. If any item is blank or illegible, this will cause a delay in processing your application. If you are unsure about any item, you should ask your HR department or the plan adviser.

Section 1: Sch	eme Details		
Scheme Name	NESTLE (IRELAND) AVC PLAN	Scheme Number	602307
Section 2: You	r Details		
Title	Mr Mrs Miss Ms Other		
First Name	Please use both the first name and surname in your employee records		
Address			
Phone	Work Mobile		
Email			
Date of Birth	dd/mm/yyyy Male Female		
Relationship Status	Married Single Widow(er) Separated Divorced Civil Pa	artner	
PPS Number	PPS Number should contain 7 digits and 1 or 2 letters. This is re	equired for Revenue ap	proval.
Section 3: You	r Employment and Membership Details		
Date employment sta	rted dd/mm/yyyy Date plan membership is to commer	ice dd/mm/	уууу
Payroll/Staff Number	Current Salary €		per annum
Are you a:	20% director Yes No 5% director Yes No		
Section 4: Det	ails of your Employer's Main Pension Plan		
Are you a member of	your Employer's Main Pension Plan? Yes O No O If yes, please state the name	of the plan or emplo	yer
Are you entitled to pe or employer	ension plan benefits from a previous employment or plan? Yes \bigcirc No \bigcirc If yes, j	please state the name	e of the plan
	Additional Voluntary Contributions from a previous employment to this plan, please fill o is, then you must also transfer your main plan benefits from a previous employment to you		
Section 5: You	r Pension Contribution Details		
Date contributions are			
	Regular Once-o		
Additional Voluntary *Note:Employees may gr	Contributions [*] % of salary OR € per and get a	າum€∟∣∣∣	
	n claim tax relief are shown in the table opposite. This includes any contributions you Ag		annual contributions

The maximum earnings limit for tax relief on pension contributions for 2015 is €115,000.

Please refer to your member booklet or our website **www.irishlifecorporatebusiness.ie** for details on the Standard Fund Threshold allowable for tax relief purposes.

Remember that when you retire or transfer your benefits from your employer's main plan, you must also take your AVC benefits at the same time.

Age	Maximum annual contributions
	as % of gross salary
<30	15%
30-39	20%
40-49	25%
50-54	30%
55-59	35%
Age 60 & Over	40%

Section 6: Investment Details

Please indicate your chosen investment option for your future contributions by ticking the box at the left hand side of your chosen option. Further information on the fund options is available on www.irishlifecorporatebusiness.ie You must choose **one and one only** of Options 1 or 2 below.

Option 1	100% IIS Consensus Individual Investr The Consensus Individual Investment Servover the 5 years before Normal Retirement	vice invests in the Co	nsensus Fur	nd and then gradua	Ily moves the Capital Protection Fund**
	*100% of contributions (this means Regular and	Once-Off contributions	s) must be inv	vested in a strategy if	selected.
Option 2	My own investment choice If you choose this option, you must tell us spread it over a number of funds (subject t				
		Regular Contribution	ons	Once-Off Contrib	outions
	Pension Protection Fund (mixed assets)		%		%
	Consensus Fund (mixed assets)		%		%
	Indexed Global Equity Fund (equities)		%		%
	Capital Protection Fund** (mixed assets)		%		%
	Cash Fund (cash)		%		%
	Total	1 0 0 . 0 0	%	100.00	%

**Please note that restrictions may apply to this fund. From 23 January 2015 the Capital Protection Fund is closed to new Single Premium Investments, Transfer Values and Fund Switches. Additional information can be obtained on fund fact sheet which is available on our website.

Section 7: Data Protection Notice and Employee Declaration

Data Protection Notices and Consents

- 1. The information you provide to Irish Life Assurance plc will be held on a computer database and/or any other way and will be used to administer this contract/transaction and any other products or services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life Assurance plc.
- 2. You have the right to question the purpose for which your data is held and the right to obtain a copy of your personal data held by Irish Life Assurance plc by submitting a written request and paying a small fee.
- 3. You have the right to request Irish Life Assurance plc to correct any inaccuracies in your personal data.

I declare that I consent to the

- A. processing and holding (on computer or otherwise) of all information (personal and sensitive) disclosed by me, or on my behalf, in relation to this contract/transaction by Irish Life Assurance plc, its servants and agents (together with such other information supplied to, or obtained by Irish Life Assurance plc separately) for administrative, customer care and service purposes.
- B. disclosing of my personal data (personal and sensitive) to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to reinsurers and health professionals and other companies in the Irish Life Group or the Great-West Lifeco Group. This may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area.

de	C: man at use	
	Signature	

		~ '								
Date	d	d	/	m	m	/	у	y	у	У

Date

Employee Declaration

I declare that the answers to the above questions are in every respect true and complete and that this application and declaration shall form the basis of the contracts with Irish Life Assurance plc. I declare that I have applied for membership to the plan to which this Employee application form relates and that specific conditions shall apply as indicated above. I hereby authorise my employer to make the necessary deductions from my salary or wages for the specific purpose of paying the employee contributions detailed earlier in this form until such time as the employer receives notice in writing from me to the contrary.

(n	Signature	X
and	Jighature	

_	
ŝ	
-	
Ър.,	
5	
\sim	
0	
5	
2	
~	
m	

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

In the interest of customer service we will monitor calls. Irish Life Assurance plc, Registered in Ireland number 152576, VAT number 9F55923G. Irish Life Corporate Business, Lower Abbey Street, Dublin 1, Ireland. T: 01 704 2000 • F: 01 704 1905

Irish Life