

Pensions, Investments  
& Advisory Services



**Member Guide**  
**The Royal College of Surgeons in  
Ireland Defined Contribution  
Scheme**  
**Section III.**  
**Forms**

**2013 Edition**

*A fresh approach to retirement planning*



Thinking, **Years Ahead**

# Member Guide

## The Royal College of Surgeons in Ireland Defined Contribution Scheme

2013 Edition

To ensure we have your correct current personal details, there are a number of Forms which require your attention:

1. Application Form
2. Self-Directed Fund Choices
3. Investment Waiver Form for Self-Directed Members
4. Death Benefit Nomination Form

If you have any questions regarding any aspect of your membership, please contact:

Susan Field  
IFG Corporate Pensions,  
IFG House,  
Booterstown Hall,  
Booterstown,  
Co. Dublin.  
Phone – 01 277 1849  
Email – [susan.field@ifg.ie](mailto:susan.field@ifg.ie)  
who will be happy to assist you.



# Member Guide

## The Royal College of Surgeons in Ireland Defined Contribution Scheme

2013 Edition

## Application Form

### Personal Details

In order to ensure that your benefits to be provided under the Scheme are based on accurate information, you should complete this form immediately.

Please enter details using **BLOCK CAPITALS**

Full Name			
Date of Birth			
Civil or Marital Status		Name of Spouse/Civil Partner	
Home Address		E-mail Address	
		Mobile Phone Number	
PPSN		Employee Number	
Date of Joining Service		Date of Joining Scheme	
Salary		Occupation	

*The responsibility for notifying the Employer, in writing, of any change in the above information rests with you.*

### Investment Choice

I confirm that I have read and understood the Members' Guide together with the Guide to Investment Options. I hereby instruct the Trustees to invest my retirement contributions in:

Default Lifestyling Fund <input type="checkbox"/>	ARF Lifestyling <input type="checkbox"/> Please fill out the ARF Waiver Form.	Other Investment Strategy <input type="checkbox"/> Please fill out the Self Directed Fund Choice Form and/or the Investment Waiver Form.
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### Attitude to Risk

Please tick the box that best describes your attitude to risk. The Trustees will assume that you have a *Balanced* attitude to risk if this section is not completed. This notification replaces any former requests to the Trustees in this regard.

Cautious <input type="checkbox"/>	Balanced <input type="checkbox"/>	Adventurous <input type="checkbox"/>
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### Additional Voluntary Contributions

I wish to commence making an AVC:  % of my salary



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# Member Guide

## The Royal College of Surgeons in Ireland Defined Contribution Scheme

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### Application Form – cont.

#### Retained Benefits

Please advise here of benefits you may have from previous pension plans. Please provide details of any benefits by supplying copy documents or including the details in the relevant section below.

<p>Did you at any time effect a Personal/Self Employed Pension Plan under any legislation? If so, please give details i.e. commencement date, annual contribution and current value.</p>	<p>Are you entitled to or have you received benefits from a Company Pension Plan in respect of service with a previous Company? If so, please give details i.e. amounts, sources and dates.</p>

#### Electronic Administration Issues

The Pensions Act (as amended) imposes a legal obligation upon the Trustees to furnish members and other parties with certain information. Disclosure through electronic communication is possible provided certain statutory requirements are fulfilled. Information may be provided electronically to members and other persons by trustees if:

1. the information being provided does not create, execute, amend, vary or revoke the trusts;
2. members' consensus is obtained for the provision of such information electronically;
3. all members have ready access to the facility by which the information is being provided electronically.

If you wish to receive information electronically please tick the box:

I confirm that I have received a copy of the Members Guide summarising the main provisions of the Scheme and I authorise the Employer to deduct contributions from my Salary, when appropriate, which I understand are my contributions to the Scheme.

I consent for the purposes of the Data Protection Acts, 1988 and 2003 to the information I give on this form and any other form issued to me in connection with this Scheme and to any other information (including any health related data which is regarded as sensitive data) that the Company or the Trustees or their agents obtain being held and processed by the Company and the Trustees (as data controllers) and any data processors they use, for the purpose of operating and administering the Scheme. I also confirm that the person(s) I name on any such form also consent to their personal data being held and processed by the Company and the Trustees and any data processors they use. I understand that I am entitled to access my personal details and have any inaccuracies in those details corrected.

Signed:		Date:	
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**Deirdre Fahy**



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# Member Guide

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### Self-Directed Fund Choices

Please complete the list of fund choices below:

Manager	Fund	Percentage
Northern Trust	Index Emerging Markets Equity Fund	%
	Index UK Equity Fund	%
	Index Europe ex UK Equity Fund	%
	Index North America Equity Fund	%
	Index Pacific Basin ex Japan Equity Fund	%
	Index Euro Govt Inflation Linked Fund	%
	Index Euro Govt Bond Index Fund	%
State Street Global Advisors	Consensus Fund	%
Zurich Life Investments	Secure Fund	%
	Dynamic Fund	%
<b>Please ensure that the sum of your choices equals 100%.</b>		<b>100%</b>

#### Important:

Where a form is not received, we will automatically invest your contributions, any contributions made on your behalf and any transfers in into the default Passive Annuity Lifestyling option. The Trustees have taken independent professional advice in evaluating the prospects relating to several different investment options. Based on the advice received, we believe that the Passive Annuity Lifestyling option best serves your needs by offering you a tailored investment strategy reflecting your individual circumstances, by minimising risk and ensuring the optimal asset mix for your pension.

The Trustees will continue to monitor the fund choices available and additional options will be offered in the future.

Signed:		Date:	
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# Member Guide

## The Royal College of Surgeons in Ireland Defined Contribution Scheme

2013 Edition

### Investment Waiver Form for ARF Lifestyling Members

**Only to be completed if you ARE NOT choosing the Annuity Lifestyling Option.**

Please enter details using BLOCK CAPITALS

#### TO THE TRUSTEES

Full name:		PPSN:	
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#### DECLARATION

I hereby confirm and acknowledge to and for the benefit of the Trustees of the Scheme and IFG Pensco that:

- I have read and understood the ARF Options Pack issued to me.
- I have understood and/or attended the presentation to members outlining the ARF Lifestyling option and how it operates.
- I am eligible to pursue an ARF Lifestyling option in accordance with the eligibility criteria outlined in the ARF Options Pack.
- I accept that the ARF Lifestyling option does not provide any guarantee of a higher pension fund value at retirement and indeed that the *potential* loss to the value of my pension fund is higher when compared to the default Passive Annuity Lifestyling offering, due to the higher allocation of my pension fund to equities and other higher-risk investments when compared to the default Passive Annuity Lifestyling offering.
- I accept that the decision to select the ARF Lifestyling option is my own and that I have not received any investment advice or other recommendation from IFG Pensco or the Trustees in making this decision.
- I confirm that I have sufficient knowledge and experience of the operation and investment of my pension fund that I am capable of evaluating the merits and risks of the ARF Lifestyling option.
- I accept that neither the Trustees nor IFG Pensco are liable for poor investment returns as a result of my decision to select the ARF Lifestyling option.
- I accept that the ARF Lifestyling option may no longer be suitable to me if the projected value of my pension fund at retirement falls below the amount specified in the ARF Options Pack; in this respect I accept that I am solely responsible for monitoring my suitability for the ARF Lifestyling Option on an on-going basis and making any decisions in relation to my pension investment choices.
- I understand that the acknowledgement and confirmation given herein by me are continuous and apply to all pension options selected by me at any time.
- I hereby agree to indemnify and hold harmless each of the Trustees and IFG Pensco against any loss whatsoever and howsoever arising which may result directly or indirectly from my selection of the ARF Lifestyling option.

This notification replaces any former consent/waiver or other requests to the Trustees in relation to my wishes in this regard.

Signed:		Date:	
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Thinking, **Years Ahead**

# Member Guide

## The Royal College of Surgeons in Ireland Defined Contribution Scheme

2013 Edition

### Investment Waiver Form for Self-Directed Members

**Only to be completed if you ARE NOT choosing a Lifestyling Option.**

Please enter details using BLOCK CAPITALS

#### TO THE TRUSTEES

Full name:		PPSN:	
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#### DECLARATION

I hereby confirm and acknowledge to and for the benefit of the Trustees of the Scheme and IFG Pensco that:

- I have read and understood the Member Guide and associated documentation for my pension scheme.
- I have understood and/or attended the presentation to members outlining the Lifestyling options and how they operate.
- I have decided to opt out of the Lifestyling Options provided by the Trustees of the Scheme and to take responsibility for making my investment choices from the fund/manager list.
- In doing this, I recognise that I am now assuming responsibility for managing the mix of my investments (i.e. between equity, bonds, cash and property where relevant) and choosing the appropriate funds between now and the time I retire.
- I accept that the decision to select the Self-Directed Fund Management option is my own and that I have not received any investment advice or other recommendation from IFG Pensco or the Trustees in making this decision.
- I confirm that I am comfortable that I have sufficient knowledge and experience of the operation and investment of my pension fund that I am capable of evaluating the merits and risks of the Self-Directed Fund Management option.
- I accept that neither the Trustees nor IFG Pensco are liable for poor investment returns as a result of my decision on the direction of my funds.
- I understand that the use of the online switching tool is governed by IFG's terms and conditions which I accept on entering the website (and can be found at [www.ifg.ie](http://www.ifg.ie)).
- I understand that the acknowledgement and confirmation given herein by me are continuous and apply to all investment options selected by me in respect of my pension scheme.
- I hereby agree to indemnify and hold harmless each of the Trustees and IFG Pensco against any loss whatsoever and howsoever arising which may result directly or indirectly from my selection of the Self-Directed Fund Management option.

This notification replaces any former consent/waiver or other requests to the Trustees in relation to my wishes in this regard.

Signed:		Date:	
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### Death Benefit Nomination Form

Please enter details using **BLOCK CAPITALS**

#### TO THE TRUSTEES

Full name:		PPSN:	
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In the event of my death, I request that the Trustees consider the person or persons named below as possible recipients of the whole or part of such benefit as may become payable on my death. I understand that this Nomination Form can be revoked or revised by me at any time.

Name of Recipient	Relationship (wife, husband, civil partner, sister etc.)	Proportion %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that this nomination is not binding on the Trustees. This notification replaces any former requests to the Trustees in relation to my wishes in this regard.

Signed:		Date:	
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#### NOTES

1. You may name anyone you wish to benefit from the lump sum, or any numbers of persons, provided you specify the proportions.
2. The Trustees will take into account anyone named by you in the Nomination Form, but have total discretion to pay the lump sum to any Beneficiary (See Members Guide). Such persons may include your spouse, civil partner, or a relative, if you are single. The Trustees can also pay the lump sum to your estate.
3. The recipient of the lump sum may be liable to Capital Acquisitions Tax as the lump sum is aggregable for tax purposes with any other gifts or inheritances the recipient may have received.

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