



## How to complete this application form.

- Please read the points below carefully and use this page as a guide to filling in this application form. You can also refer to the Teaching Staff Retirement Information Note via our website.
- Please answer **ALL QUESTIONS**. Incomplete forms will be returned and this may delay the processing of your application.
- Please use BLOCK LETTERS and place an **X** in the relevant boxes.
- You may find it useful to have an up-to-date payslip and bank account details with you when completing this application form.

#### Specific information about each section of this application form

- **Part 1:** Please complete your personal details including a personal email address and contact number.
- **Part 2:** This section must be completed by the Manager/Chairperson of your Schools Board of Management. This section does not need to be completed, if you are submitting an application for Preserved Pension Benefits **only.**
- **Part 3:** Please select your retirement type, and enter your date of retirement.
- **Part 4:** Please enter details of your Public Sector service history and answer the questions in relation to your employment in the Department of Education.
- **Part 5A:** Please indicate if you are a member of the Spouses' and Children's Pension Scheme (the deduction on your payslip includes "SP. & CH.") and answer the questions as outlined.
- **Part 5B:** Please also take note of the other **original** documentation you are required to submit. This is dependent on your personal circumstances. If you do not submit the required original documents, it may lead to a delay in the processing of your benefits.
- **Part 5C:** Your spouse/civil partner is required to sign Part 5C in relation to the potential provision of Spouses' and Children's Pension Scheme benefits.
- **Part 6:** Enter details relating to any additional pension benefits you may have (excluding social welfare benefits). This is a mandatory section that is required to be completed under Revenue legislation.
- **Part 7:** This is the declaration for benefits and must be signed by all applicants. If you are applying to retire on a Cost Neutral Early Retirement basis you **must** also complete the second declaration.
- **Part 8:** Enter your personal bank account details. This is the account that your pension will be paid into. Remember to check the deposit limit on your account with your bank/financial institution.
- **Part 9:** This section provides you with a copy of the Data Protection Privacy Statement associated with this application form. By signing the declaration on Page 8 you are acknowledging you have read this. You can retain this page for future reference.
- **Part 10:** This section provides you with contact details for the Pension Unit, and the details to where you can send your completed application form with any supporting documentation. There is also a space in which you can note the date you posted your form.



#### Application form for **An Roinn Oideachais** Department of Education Payment of Retirement Benefits Teaching Staff (RET1)

Par	t 1	Your Personal Details
1.	Surname:	
2.	First name(s):	
3.	Title:	Mr. Mrs. Ms. Other:
4.	Your PPS Number:	
5.	Your Payroll Numb	er:
6.	Your Teaching Cou	Incil Number:
7.	Your Date of Birth:	
		D D M M Y Y Y
8.	Your home address and Eircode:	s
9.	Your telephone nu	mber: MOBILE
10.	Your personal ema	il IIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	address:	
Par	t 2	Employer Declaration
Th	s section must be cor	npleted by the Chairperson/ Manager of the Board of Management of the school

11.	Teach	er in this s	e applicatio school for r serious mi	etire		n c	conf	firm	that	s/h	e is	not	cur	rent	ly sı	uspe						ed as Indei	
					 				1		1	1	T	1	1		1	τ	1	1	1	τ	1

12. School Name and Address:																
13. School Roll Number:																
14. School Phone Number:																
						Dat	e:	D	D	] [	M	M	2	0		
Signature of Manager/Chairperson	(not blo	ck let	ters)		1			D		FICI		SCH				
Name of Manager/Chairperson (Bl	OCK LE	TTER	S)		Ţ											2/11



An Roinn Oideachais Department of Education Payment of Retirement Benefits Teaching Staff (RET1)

#### Part 3

**Retirement Type** 

15.	Please select your reason	for retirement (place an X	in one box only).
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	Reached Minimum Retirement Age/ Under "55/35" Rule		Read	ched Co	ompu	lsory	Retir	emer	nt Age	¢
	Cost Neutral Early Retirement		Clair	ning Pr	eser	ed P	ensio	n Be	nefits	i
16.	Please enter your date of retirement:	D	D	M	M	Y	Y	Y	Y	

#### Part 4

#### Your Service and Service History

## 17. List below all details of all your Public Service given in this country. Use additional pages if required.

Please include a separate line for each school or change of status within a school.

Dates of	f Service	Employment Status (Permanent, CID,	School Roll	Name of School
From	То	RPT, Substitute)	Number	

Please answer the questions below in relation to your education and absence status.

# 18. Please complete the following in relation to your pre-service training.

(a)	What was the duration of your pre-service training?	Years
(b)	Did you complete a Higher Diploma, if so what year?	Yes Y Y Y Y N No
19.	Are you currently on a leave of absence?	Yes Go to Question 20
20.	If you answered Yes to Question 19, please give details of the type of absence in the box provided (e.g. Career break, sick leave, other - please specify).	
21.	If you answered Yes to Question 19, please specify the date this absence started.	D D M M Y Y Y Y
22.	If you answered Yes to Question 19, did you resign while on leave of absence?	Yes Go to Question 23 No Go to Question 24
23.	If you answered Yes to Question 22, please specify the date you resigned.	D D M M Y Y Y 3/11



Part 4 (continued)	Your Service and Service History
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## Please answer the questions below by placing an X in the box beside Yes or No.

24. During your teaching career did you give service:

	(a)	As a member of a Religious Order or on the approved staff of a Capitation Primary School?		`	Yes		No
	(b)	As a supernumerary teacher in a Primary School?		`	Yes		No
	(c)	With the Agency for Personal Service Overseas (APSO/Comhlám	h)?	`	Yes		No
25.	Have capa	e you served as a Teachta Dála (TD), Senator or in a Ministerial city?		] Ye	s [		No
26.		e you received a marriage gratuity or a refund of contributions ervice in a Public Sector Scheme?	Ye		Comple Go to Q		estion 27 n 28
27.		u answered Yes to Q. 26, what was the date of payment and amount of such award or refund?	D D €	M	M Y	Y	Y Y
28.		e you applied to purchase a period of actual service (buyback) n in a Primary, Secondary, Community or Comprehensive School?		] Yes	s [		No
29.		ou purchasing Notional Service under the Notional Service hase Scheme (deduction seen as CPS(N) on your payslip)?		] Yes	s [		No
30.		ere a court approved pension adjustment order (PAO) in place in ion to your retirement benefits?		] Yes	s [		No
31.		you in receipt of, or eligible for, benefit from any other Public ice Pension Scheme?		] Yes	s [		No
32.		e you given pensionable service in any other State or Semi-State anisation, e.g. Health Board or Local Authority?		] Yes	s [		No
Plea	se co	omplete the questions below in relation to Additional Voluntary	y Contril	outior	ıs:		

Are you contributing to Additional Voluntary Contributions? (If YES, <b>you must complete PART 6</b> of the application form	Yes	Go to Question 34
fully).	No	Go to Part 5
in pension contributions or deductions from your lump	Yes	Letter indicating this must be attached to application
If so, a letter indicating use of AVC <b>must</b> be attached to your application.	No	Go to Part 5
	<ul><li>(If YES, you must complete PART 6 of the application form fully).</li><li>Do you intend to use the AVC fund to cover any shortfall in pension contributions or deductions from your lump sum gratuity?</li><li>If so, a letter indicating use of AVC must be attached to</li></ul>	(If YES, you must complete PART 6 of the application form fully).       No         Do you intend to use the AVC fund to cover any shortfall in pension contributions or deductions from your lump sum gratuity?       Yes         If so, a letter indicating use of AVC must be attached to       No



Par	t 5A	Spouses' and C	hildren	s Pension Scł	neme					
Plea	ase complete the follo	wing section in re	lation to	the Spouses' a	and Childrei	n's Pension Scheme.				
35.	Please confirm the constatus. This is seen constant the constant of the status.					dren's Pension Schem	e			
	I am <b>not</b> a member of	the Spouses' and (	Children's	Pension Schem	ne.	Go to Part 6				
	I am a member of the	Spouses' and Child	dren's Pe	nsion Scheme.		Go to Part 5B				
Par	t 5B	Spouses' and C	hildren	s Pension Sch	neme					
36.	If you are a member	of the scheme wh	at is you	r current legal (	civil status	(place an X in one box or	ıly):			
	Single	Married		Civil Partnership	o 🗌	Co-Habiting				
	Separated	Divorced		Widowed		Surviving Civil Partr	ıer			
	A Former Civil Partne *Formerly in a Civil Partne		ally dissolv	ed						
	If you have been single for the entire period of your membership of this Scheme please proceed to Part 6 of this form.									
	f you are married, in a civil partnership, widowed, separated, or divorced, please complete the following questions:									
			D	ATE (DD/MM/Y)	YYY)	Required enclosure				
37.	What is the date of you Civil Partnership.	ur Marriage/				Enclose Original St Marriage Certificate				
38.	If your Spouse/Civil Pa predeceased you, plea date of death.					Enclose Original Sta Death Certificate	ate			
39.	If you are divorced, ple date of divorce.	ease include				Enclose Original Decree Absolute				
40.	ls there a pension adju (PAO) in place?	ustment order		Yes	No	Enclose Final pension adjustment order (P				
Par	t 5C	Spouse/Civil Pa	rtner D	etails						
41.	Name of Spouse/Civil	Partner:								
42.	PPS Number of Spous	se/Civil Partner:								
43.	<b>43.</b> I declare that I am the Legal Spouse/Civil Partner of the Applicant named at Part 1 of this application form.									
Lega	al Spouse/Civil Partner	Name (BLOCK LETTE	RS):							
				Date:	D M	20 M Y Y Y Y				



## Part 6A Revenue Pensions Declaration

If you are unsure of any of the answers to this question you should contact your private pension provider.

#### 44. Have you on or after 07 December 2005:

(a)	Become entitled to any pension <sup>1</sup> , lump sum or any other pension related benefit (e.g. defined benefit / defined contribution occupational pension scheme, retirement annuity contract, PRSA, Additional Voluntary Contributions (AVC) for the purpose of supplementing	Yes	You MUST complete Part 6B and 6C
	retirement benefits etc.) other than your pension entitlements from the Pension Scheme currently being claimed?	No	Go to Q 44 (b)
(b)	Did you direct on or after that date (7 December 2005) that a payment or transfer be made to an overseas pension	Yes	You MUST complete Part 6B and 6C
	arrangement?	No	lf you also answered no to Q44 (a) Go to Part 6B

<sup>1</sup> = This does not include i) social welfare benefits, such as the State Pension or ii) private pension benefits which you received or which came into payment before 07 December 2005.

Part 6B	<b>Revenue Pensions Declaration—Personal Funds Threshold (PFT)</b>	
Failod	Revenue Pensions Declaration—Personal Funds Threshold (PFT)	1 1

#### If you are unsure of any of the answers to this question you should contact your private pension provider.

45.	Do you have a certificate from the Revenue Commissioners
	stating the amount of the Personal Funds Threshold (PFT) in
	accordance with Section 787P of the Taxes Consolidation
	Act 1997?

Letter indicating this must be attached to your application, Go to Part 6C

(If the answer is YES, please enclose a copy)

No

Go to Part 6C

Please be aware that there is provision in the legislation that, where the capital value of one's pension benefits exceeds the standard fund threshold (SFT)/personal funds threshold (PFT), tax due on any chargeable excess may be deducted from the pensioner's lump sum or ongoing pension.

# Part 6C Revenue Pensions Declaration—Benefit Details

## If you are unsure of any of the answers to this question you should contact your private pension provider.

If you have an entitlement to any relevant pension benefit, other than the current pension entitlement now being claimed, please provide details relating to this entitlement in the space below and on Page 7. You may wish to enclose further information on an additional page.

# 46. Type of Pension Arrangement (Place an X in the box with the most appropriate description):

Defined Benefit Occupational Pension Scheme	Retirement Annuity Contract
Defined Contribution Occupational Pension Scheme	Personal Retirement Savings Account
AVC Pension Scheme	Other: Please specify



## Part 6C (continued) Revenue Pensions Declaration—Benefit Details

#### If you answered yes to any question in Part 6A or 6B you must complete the questions below.

#### If you are unsure of any of the answers to this question you should contact your private pension provider.

47.	Name and Correspondence Address of Insurance Provider/Policy Administrator:																				
48.	Policy/Reference Number:																				
49.	Date on which you will become (DD-MM-YYYY):	enti	tled	to b	bene	efits	und	er th	nis p	olicy	y	D	D	] [	M	М	Y		ſ	Y	Y
50.	The nature of the benefits (e.g. pension, annuity, tax-free lump taxable lump sum, transfer to a Approved Retirement Fund etc.	n	٦,																		
51.	The amount of any transfer payment to an Overseas Arrangement and Contact details for the Receiving Pension Arrangement:	€																			
50	If the fund is a Defined Centre	:64		0		-41		<b>.</b>	_!		<b>b</b> a 19				Der			. h		- <b>-</b> - <b>D</b>	

#### 52. If the fund is a Defined Contribution Occupational Pension Scheme, an AVC Pension Scheme or PRSA:

(a)	What is the current value of the	fund?		€						•		
(b)	What is/was the expected value entitlement date?	e of the fund on benefi	it	€						•		]
(c)	Please provide date of receipt and lump sum figure?	€			] [ D	D	M	M	Y	Y	Y	Y
53. lf	the fund is a Defined Benefit C	Ccupational Pensior	n Scheme:									
(a)	What is the amount or expected pension?	d amount of annual	€					•		p	er ye	ar

(b) What is/was the amount of any lump sum expected/ received?

€				•		per year
€				•		

(c) Where you have not exercised an option (or do not intend to do so) in accordance with Section 787H(1) of the Taxes Consolidation Act 1997 and instead have retained (or intend to retain) the assets of the PRSA in that or any other PRSA, the amount or market value of the cash or other assets as are retained in the PRSA:

|--|



Date:

D

D

Μ

Μ



Payment of Retirement Benefits Teaching Staff (RET1)

#### Part 7 **Declaration for pension benefits**

54. To formally apply for your pension benefits and retirement lump sum gratuity from the Department of Education please read the declaration outlined below, place an X in each box to indicate you have read the declaration and sign the space below.

#### I declare that:

	1)	I wish to make an application for payment of annual pension benefit and lump sum gratuity. I certify that to the best of my knowledge the information I have provided on this form is true and correct.
	2)	I have completed the bank account details requested in Part 8A to 8D of this application form.
	3)	I have read and understand the Data Protection Privacy statement as outlined on Page 11 of this application form.
	4)	I have enclosed all additional documents that apply to my specific personal circumstances (e.g. Marriage Certificate/Civil Partnership Certificate/Death Certificate/Decree Absolute/Pension Adjustment Order (PAO))
Signatu	ure of Ap	blicant (not block letters) Name of Applicant in BLOCK LETTERS
Date:		
	D	D M M Y Y Y
i	indicate	mbers retiring on Cost Neutral Early Retirement grounds (only). Place an X in each box to you have read the declaration and sign in the space below to agree to the terms of Cost Early Retirement.
	5)	I wish to apply for <b>actuarially reduced pension benefit and lump sum gratuity</b> payable on retirement in accordance with the terms of Circular Letter PEN 07/05.
	6)	I understand that my acceptance of Cost Neutral Early Retirement means that all of the relevant conditions of the Scheme, as set out in Circular Letter PEN 07/05, will apply to my retirement.
	7)	I accept that the <b>actuarially reduced rate of pension benefits to me will apply throughout the</b> <b>lifetime of the pension</b> (subject to normal adjustments in line with public service pensions generally).
	8)	I accept that once I have retired on actuarially reduced pension benefits, I do not have an option to subsequently switch to payment of a preserved pension at standard preservation age (for Old Entrants this is Age 60; for New Entrants this is Age 65).
	9)	I have no right of return to work in the public service, other than through normal recruitment/ selection procedures.
	10)	I understand I have no entitlement to a Supplementary Pension payment from the Department of Education until I reach my normal retirement age (for Old Entrants this is Age 60; for New Entrants this is Age 65). The implications of early retirement for my social welfare benefits are my responsibility.

Signature of Applicant (not block letters) 2 0

Y

Y

Y

Y



#### Part 8A

## **Bank Account and Bank Authorisation Details**

## Please read the Important Note below carefully and complete this form using BLOCK LETTERS.

**IMPORTANT!** Some financial institutions place a limit on the amount of money that can be deposited into certain accounts. The **responsibility is on you, the retiree** to check this with your nominated financial institution **before** completing your bank details. Please note, if there is a limit on your nominated account the transfer of your fortnightly pension and lump sum gratuity payment may not be accepted by the account, resulting in a delay of payment.

56.	Surname:																					
57.	First name(s):																					
58.	Title:		Mr.			Mrs	<b>.</b>		Ms			Oth	ner:		•							
59.	Your PPS Number:						L															
60.	Your Payroll Numbe	er:											]									
61.	Your home address and Eircode:	;																				
62.	Your telephone nun	nber:															Ν	/ <b>O</b> E	BILE			
																	L	.AN	DLI	NE		
63.	3. Your personal email																					
	address:																					
Par	Part 8B Your Personal Bank Account details																					
64.	Your Bank sort cod	e:	[				-				]	-										
65.	Your Account Numl	ber:																				
66.	Your Account IBAN Number:																					
67.	Your Account BIC/ SWIFT:																					
68.	Your Bank's																					
	Name, Address and Eircode:																					
			1			1	1				1	1										



#### Part 8C Data Protection Privacy Statement (Bank Form)

**69.** The main purpose for which this Department requires the personal data provided by you is to ensure that your pension payment is paid to your nominated bank account by means of Electronic Fund Transfer (EFT). The personal data provided will be exchanged with the Payroll Division of this Department to ensure payment is issued and with the Revenue Commissioners, the Department of Employment Affairs and Social Protection as required by law; and any other bodies to which you have instructed the Department to forward voluntary deductions made from your pension payments.

The privacy notice outlining further information in relation to this form can be found at:

https://www.gov.ie/en/collection/general-data-protection-regulation-gdpr-privacy-notices/

Full details of this Department's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at:

https://www.gov.ie/en/organisation-information/data-protection/

Details of this policy and privacy notice are also available in hard copy from the address on Page 11 upon request.

## Part 8D Bank Account Authorisation Declaration

#### 70. Please read and sign the declaration below:

- I understand that my pension benefit and lump sum gratuity will be paid directly to my bank account;
- I understand that any amount of pension properly due to me at the date of my death will be payable to my estate on completion of the necessary legal requirements;
- I understand that my pension benefit and lump sum gratuity will be made in € (euro) only;
- I have read and understand the Data Protection Privacy Statement above.

Signature of Applicant (not block letters)	Signature of 2nd Account holder (not block letters) (Applies to Joint Accounts only)
Date:	Date:
D D M M Y Y Y	
OFFICIAL USE ONLY	
Input for Pay Issue: 2 0	Checked by:
Signature of officer (not block letters)	Signature of checking officer (not block letters)
Date:	Date: 2 0
D D M M Y Y Y	D D M M Y Y Y



### You may wish to retain this page for future reference.

#### Part 9 Data Protection Privacy Statement

#### Data Protection Privacy Statement for your Records

The **main purpose** for which the Department requires the personal data provided by you is to assess, consider, process and where possible, award the person named on this application form, a lump sum gratuity payment and an annual pension payment payable via the Payroll Division of this Department, subject to the current legislation at the time of award.

The personal data provided may be exchanged with other public sector pension administrators/ other pension regulatory bodies, where necessary, the Revenue Commissioners, the Department of Employment Affairs and Social Protection as required by law; and any other Government Department including the Department of Public Expenditure & Reform.

The privacy notice outlining further information in relation to this application form (ATH 4.13) can be found at:

https://www.gov.ie/en/collection/general-data-protection-regulation-gdpr-privacy-notices/

Full details of this Department's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at:

https://www.gov.ie/en/organisation-information/data-protection/

Details of this policy and privacy notice are also available in hard copy from the address below upon request.

#### Part 10 Where to send my application form

Send this application form together with any additional required documentation to:

Retirements Section Pension Unit Department of Education Cornamaddy Athlone Co. Westmeath N37 X659

Email: pensions@education.gov.ie

Telephone: 090 648 4189

If you are phoning from outside the Republic of Ireland please call + 353 90 648 4189

You may wish to enter the date you have submitted your application for reference.

Date Application Sent:					2	0		
	D	D	м	М	Y	Y	Y	Y