

PART 3 – YOUR SERVICE HISTORY

Details of Teaching Service (Please use a separate line for each change of School or change of Status within a School):-

[illegible]

Please answer the following questions.

1.	During your teaching career did you give teaching service:	Please answer YES or NO
	a) As a member of a Religious Order on the approved staff of a Capitation Primary School?	
	b) As a supernumerary teacher in a Primary School?	
	c) With the Agency for Personal Services Overseas (APSO/Comhlamh)?	
2.	Have you served as a Teachta Dála, Senator or in a Ministerial capacity?	
3.	Have you received a marriage gratuity or a refund of contributions for teaching service?	
4.	Have you applied to purchase a period of actual service given in a Primary, Secondary, Community or Comprehensive School?	
5.	Are you purchasing Notional Service (CPSN)?	
6.	Are you contributing to Additional Voluntary Contributions? (If YES, you <u>must</u> complete parts 8A, 8B & 8C fully). <i>Do you intend to use the AVC fund to cover any shortfall in pension contributions or deductions from your gratuity? If so, you must attach a letter outlining your wish to do so.</i>	
7.	Have you given service in Great Britain or Northern Ireland?	
8.	Are you in receipt of, or eligible for, benefit from any other Public Service Pension Scheme?	
9.	Have you given pensionable service in any other State or Semi-State organisation, eg Health Board or Local Authority?	
10.	Is there a court approved Pension Adjustment Order in place in relation to your retirement benefits?	

NOTE: If answer is "yes" please attach a separate sheet giving details.

Completed form and relevant documents to be forwarded to:

Pension Unit, Department of Education and Skills, Cornamaddy, Athlone, County Westmeath
Email: pensions@education.gov.ie Web: www.education.ie

PART 4 – YOUR QUALIFICATIONS

Primary qualification details (degree/diploma/certificate etc)					
Duration of study period to attain this primary qualification	From		To		years
Do you hold a Higher Diploma in Education (H.Dip)?	Please tick as appropriate		If yes please state year H.Dip was conferred		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

PART 5 – OTHER INFORMATION

Are you currently on Leave of Absence?	Please tick as appropriate	YES	NO
If yes, please give details of the type of absence, (<i>Sick leave, Career break, other –please specify</i>)			
Date absence commenced	Day	Month	Year
Date of resignation (if you resigned while on leave of absence)	Day	Month	Year

PART 6 – DECLARATION FOR APPLICATION FOR BENEFITS

I wish to apply for appropriate Pension and Lump Sum payable on retirement in accordance with the terms of the Teachers Pension Scheme. I certify that, to the best of my knowledge, the details given in this application are true and correct. I have completed the checklist on the accompanying information leaflet.

Teacher's signature	
Date	

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PART 7A – FOR COMPLETION BY NON-MEMBERS OF THE SPOUSES' AND CHILDREN'S PENSION SCHEME.

I declare that I am not a member of the Spouses' and Children's Pension Scheme.

I understand as a result of my **non-membership** of the Spouses' and Children's Scheme that should I pre-decease my spouse/civil partner s/he will have no entitlements under that scheme nor will my children (if any) as I am not a member.

Name of Teacher (<i>Block Capitals</i>)																			
Signature of Teacher																			
Date																			
If you are not a member of the Spouses' and Children's scheme, please proceed to Part 8A of this form having completed the above																			

PART 7B - FOR COMPLETION BY MEMBERS OF THE SPOUSES' AND CHILDREN'S PENSION SCHEME

I declare that I am a member of the Spouses' and Children's Pension Scheme.

Name of Teacher (<i>Block Capitals</i>)																				
Signature of Teacher																				
Date																				
1	Please tick (✓) the correct description of your status	Single	Married	In a Civil Partnership	Widowed	Separated	Divorced													

If you have been single for the entire period of your membership of this scheme please proceed to Part 8 of this form.

2	If you are married, in a civil partnership, widowed, separated, or divorced, please complete V, W X, Y and Z																		
V	Name of Spouse/Civil Partner																		
W	Date of Marriage/Civil Partnership				Day	Month	Year	Enclosures											
								Marriage/Civil partnership certificate	YES										
									NO										
X	If your spouse/civil partner have predeceased you, please state date of death of spouse/civil partner.							Death certificate	YES										
									NO										
Y	If you are divorced, please state date of divorce							Decree Absolute	YES										
									NO										
Z	Is there a Pension Adjustment Order (PAO)				YES	NO		Pension Adjustment Order (PAO)	YES										
									NO										

PART 7C – THIS SECTION TO BE COMPLETED BY LEGAL SPOUSE/CIVIL PARTNER*

My Name* (<i>Block Capitals</i>)																			
I declare that I am the Legal Spouse/Civil Partner of the Applicant named at Part 1 of this application form.																			
Signature of Legal Spouse/Civil Partner																			
Date																			

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PART 8A – REVENUE PENSIONS DECLARATION - MANDATORY

	<i>Please answer YES/NO</i>
1. Did you, on or after 7 December 2005: (a) Become entitled to any pension ¹ , 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 retirement benefits etc) other than your pension entitlements from the Pension Scheme currently being claimed, or (b) Direct that a payment or transfer be made to an overseas pension arrangement?	
2. Prior to the date of your retirement, or the date of commencement of pension payment, do you: (a) Expect to become entitled to any pension, 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 retirement benefits etc) (other than the benefits arising from the current Pension being claimed), or (b) Intend to direct that a payment or transfer be made to an overseas pension arrangement?	
If you have answered YES to questions 1 or 2, you are required to complete Part 8B & 8C of this Declaration Form	
If you have answered NO to the questions 1 or 2, you are required to complete Part 8C below.	

¹ 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 8B– REVENUE PENSIONS DECLARATION

3. If you have an entitlement to any relevant pension benefit, <u>other than the current pension entitlement now being claimed</u>, please provide the following details in a separate document.	
a) the type of pension arrangement (e.g. defined benefit / defined contribution occupational pension scheme, retirement annuity contract, PRSA, Additional Voluntary Contributions (AVC) for the purpose of supplementing retirement benefits etc.);	
b) the date you became (or expect to become) entitled to the benefit(s) under the arrangement;	
c) the nature of the benefit(s) (e.g. pension, annuity, tax-free lump sum, taxable lump-sum, transfer to an Approved Retirement Fund etc);	
d) the name of the scheme/arrangement;	
e) the contact details for the scheme administrator;	
f) your reference number under the scheme/arrangement;	
g) in the case of a transfer made (or to be made) to an overseas pension arrangement, the amount or value (or expected amount or value) of the payment or transfer and the name of the scheme to which the transfer was (or is to be) made;	
h) in the case of each <u>defined contribution</u> arrangement, the value of the fund (or the expected value of the fund) on the date you became (or expect to become) entitled to the benefit(s) under the arrangement;	

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(i) in the case of each <u>defined benefit</u> arrangement:	
i. where you have taken (or intend to take) a pension under the arrangement the <u>annual amount</u> of the pension payable (or expected to be payable) to you when the pension commenced (or commences) (please provide monetary amount);	
ii. the amount of any separate lump sum benefit taken or to be taken (ie other than by way of commutation of a pension) (please provide monetary amount);	
iii. where you have exercised an option (or intend to) in accordance with section 772(3A), 784(2A) or 787H(1) of the Taxes Consolidation Act 1997 (i.e. an “ARF” option), the amount or market value of the cash or other assets as were (or are expected to be) transferred either to you, to an ARF and/or an AMRF, following the exercise of the option.	
iv. 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	
4. Do you have a certificate from the Revenue Commissioners stating the amount of the <i>Personal Funds Threshold</i> in accordance with section 787P of the Taxes Consolidation Act 1997 (If the answer is YES, please enclose a copy)	

PART 8C – REVENUE PENSIONS DECLARATION

I declare that the information provided by me in this form is complete and correct. I consent to the administrator of the Teachers Pension Scheme contacting the scheme administrator, as appropriate, on my behalf for the purposes of clarifying, if necessary, any aspect of the information provided under this Declaration.

[illegible]

Be aware that there is provision in the legislation that, where capital value of one's pension benefits exceeds the SFT/PFT, tax due on any chargeable excess may be deducted from the pensioner's lump sum or ongoing pension

AGGREGATION OF PUBLIC SERVICE PENSIONS FOR PSPR PURPOSES

Name		PPSN	
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Are you in receipt of a benefit from any other Public Service Pension Scheme?	YES	NO
(Tick as appropriate)		

(Please note that pensions payable from the Department of Social Protection under the social welfare code are not regarded as public service pensions for the purposes of PSPR.)

IF NO, PROCEED TO DECLARATION. IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Other Paying Authority information required	
Name:	
Address:	
Type of Pension:	
Member, Spouse/Civil Partner.	
If you are in receipt of a Spouse's pension, please confirm:-	
Spouse's/Civil Partner's date of retirement	
Spouse's/Civil Partner's date of death	
Additional information regarding Paying Authority if known to you	
Email Address	
Contact Name	
Phone Number	
Employer Registration Number	
Pension commencement date	
Gross Annual Pension (amount before deduction of PSPR)	

Declaration

I declare that all the information I have given on this form is correct.	
I understand that I am legally obliged to inform the Department if I become entitled to another public service pension which is subject to PSPR.	
I authorise the Department of Education and Skills to contact the Paying Authority stated above to verify the information I have provided.	
Signature:	Date:

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CHECKLIST FOR COMPLETION OF FORM Ret P1 (APPLICATION FOR RETIREMENT BENEFITS FORM)

Incomplete information or missing documentation is likely to result in delayed payment when pension entitlements are being processed.

Please answer YES or NO below to confirm that you have completed, signed and included all necessary documentation in an envelope with your application:-

		YES	NO
Fully completed and signed Application (Form Ret P1)	Mandatory		
Declaration for application of benefits signed (Form Ret P1 Part 6)	Mandatory		
Signature by Non – member of Spouse and Children Scheme (Part 7A)	If applicable		
Signature by Member of Spouse and Children Scheme (Part 7B)	If applicable		
Signature of Spouse/Civil Partner of member of Spouse and Children Scheme (Part 7C)	If applicable		
Pension Adjustment Order (Form Ret P1 Part 7B Z)	If applicable		
Civil Marriage Certificate/Civil Partnership Certificate	If applicable		
Revenue Pensions Declaration (Form Ret P1 Part 8A & Part 8C and 8B if applicable)	Mandatory		
Aggregation of Public Sector Pensions for PSPR purposes (Part 9)	Mandatory		
Authorisation of payment to your bank account (separate form - BANK FORM 1)	Mandatory		

I have completed the form fully, obtained the relevant documents, checked all against this completed check list and enclose all the documentation required.

Signature of Teacher	
Date	

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