

Bloxham Retirement Investment Certificate

Approved Retirement Fund (ARF) Issued under Section 784B of the Taxes Consolidation Act 1997

To be completed by the Life Insurance Company, Scheme Trustees or Qualifying Fund Manager providing the assets for this proposed ARF investment.

1. Client Details

Name _____

Address _____

Date of Birth ____/____/____

2. Investment Details

We certify that the investments are currently held in:

Retirement Annuity Contract

Exempt Approved Occupational or Statutory Pension Scheme

Approved Minimum Retirement Fund (AMRF)

Approved Retirement Fund (ARF)

Personal Retirement Savings Account (PRSA)

Value of assets to be transferred € _____

Name of Scheme _____

Name of Life office (if applicable) _____

Name of Qualifying Fund Manager (if applicable) _____

Policy number _____

Revenue Reference number _____

Withdrawals from any existing ARF
(In current tax year) _____

3. Declaration

To be signed on behalf of the Life Insurance Company, Scheme Trustees or Qualifying fund manager.

I/we certify that the assets to which this certificate relates are assets to which the individual is beneficially entitled.

Name _____
(Please Print)

Company _____

Position _____ Ph _____

Signature _____ Date _____