

Membership Application/Top Up Form

Veterinary Ireland Pension Scheme

(A retirement Trust approved under Chapter II, Part 30, Taxes Consolidation Act 1997)

1. Your Details

Name : _____

Address : _____

Telephone Number: _____ PPS Number: _____

Date of Birth: _____ Preferred Retirement Age: 60 65 70

2. Your Eligibility

Are you a member of the Veterinary Ireland Association? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you self-Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed and if so is any of your income non-pensionable Yes <input type="checkbox"/> No <input type="checkbox"/>

3a. How much do you want to invest?

Single	Yearly	Half Yearly	Quarterly	Monthly
€	€	€	€	€
(By Cheque)	(By Cheque or Standing Order)	(By Standing Order)	(By Standing Order)	(By Standing Order)

3b. Where do you want to invest? (please identify which of the following fund or combination of funds you wish to invest in)

Fund Manager	Fund	Risk Profile	Percentage to be Invested
AIB Investment Managers	Managed Fund	Medium	
	Total Equity Fund	Higher	
Bank of Ireland Asset Management	Consensus Managed	Medium	
	Managed Fund	Medium	
Eagle Star (Zurich)	Balanced	Medium	
	Performance	Higher	
	Dynamic	Higher	
	5*5 Global	Higher	
	European (Ex UK) Property	Higher	
Friends First	International Equity	Higher	
	Managed	Medium	
	Consensus Managed	Medium	
Hibernian/ Aviva	International Equity	Higher	
	Bond Fund	Higher	
Irish Life Investment Managers	Active Managed	Medium	
	50/50Equity	Higher	
	Index Global Equity	Higher	
	Consensus Managed	Medium	
	Cash	Low	
KBC	Innovator	Medium	
	Global equity	Higher	
Merrion Investment Managers	Managed	Medium	
	Global Equity Fund	Higher	
Setanta	Managed	Medium	
	Cash	Low	
Standard Life	Global Equity	Higher	
	Managed	Medium	
	Property Fund	Higher	
Total	With Profit Fund	Medium	100

Risk is defined in terms of the risk of volatility in fund values due to market movement and not measured in terms of protection against inflation.

4. Your Declaration

I declare that the details provided above are correct and I hereby apply to the Trustees for membership of the Veterinary Ireland Pension Scheme. I agree to be bound by the provisions of the Trust deed governing the scheme. I understand that the value of my investments may fall as well as rise.

Signed: _____

Date: _____

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Please complete this and return to Allied Pension Trustees - Request for Standing Order

To: The Manager _____
(Name and Address of your Bank)

Please charge to my account

Your Account No.	Name of Account
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The following amounts

Amount	
Frequency (Monthly / Yearly etc)	
Starting	1st Day of
Finishing	UNTIL CANCELLED IN WRITING
Reference to appear on recipients statement	Please PRINT your name below (max 16 characters)

And pay to

Bank	Bank of Ireland
Branch	Baggot Street, Dublin 2
Sort Code	90 14 90
Account	Veterinary Ireland Pension Trustees Ltd
Account Number	35196103

My/Our account will at all times have sufficient funds to facilitate each payment on the due date.

Signed: _____ Dated: _____