



Conexim Approved Retirement Fund (ARF) Source of Investment Certificate

Applicant Details

Before Conexim can accept funds into an **ARF**, we must receive this Certificate fully completed by the existing Qualifying Fund Manager, pension or PRSA provider, and appropriately stamped. This certificate is required in accordance with Section 784B of the Taxes Consolidation Act 1997 (as amended).

Applicant Name			
Applicant Address			
PPS Number		Date of Birth	

Source of Investment

Transfer Amount (€):

Is the proposed investment amount being transferred from an existing ARF? Yes No

If the answer is Yes, please confirm below the Gross Value of all income drawdowns taken in the current tax year from the transferring ARF. If no income has been drawn down, please confirm the amount as 'Nil'

Current Tax Year Drawdown Amount (€):

If the answer above is No, please describe below where the investment is coming from, for example, a Retirement Annuity Contract, PRSA, Company Pension Plan, AVC Plan, Personal Retirement Bond (buy-out bond) or Self Administered Pension Scheme.

Description:

Policy/Scheme Details of Source of Investments

ARF Contract Number		or	Scheme Number	
or				
Policy Number				

Pension/Property Adjustment Order

I confirm that no Pension Adjustment Order or Property Adjustment Order exists in relation to the assets subject to Conexim's services. Yes No* (Copy Order attached)

Declaration

The applicant named above is beneficially entitled to the proceeds of this fund which are being transferred to an ARF or have previously been transferred to an ARF in accordance with subsection (2A) of Section 784 of the Taxes Consolidation Act 1997 (as amended).

The assets to be transferred do not form part of an AMRF within the meaning of Section 784C of the Taxes Consolidation Act 1997 (as amended).

These assets come from an approved source within the meaning of Section 784B of the Taxes Consolidation Act 1997 (as amended).

Signed:

(Authorised Signatory)

Print Name:

(Block Capitals)

Position/Title:

QFM/Insurance Co/Other:

Contact Phone Number:

Date:

Official Stamp: