

# Membership application form

## The Law Society of Ireland Pension and Life Assurance Scheme

You must complete this form to confirm your membership of the Scheme. Please use black ink and BLOCK CAPITALS throughout. You should return this form to the Department of Human Resources.

Your personal details			
<b>Title</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
	Ms <input type="checkbox"/>	Other <input type="text"/>	
<b>Surname</b>	<input type="text"/>		<b>Forename</b>
<input type="text"/>			
<b>Address</b>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<b>Daytime telephone number</b>	<input type="text"/>	<b>Date of birth</b>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>PPS number</b>	<input type="text"/>	<b>Marital status</b>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Single <input type="checkbox"/>	Married <input type="checkbox"/>
		Other	<input type="text"/>
		Gender	Male <input type="checkbox"/>
			Female <input type="checkbox"/>

Your declaration	
Are you entitled to pension benefits under any pension plan in respect of service with a previous employer?	
Yes <input type="checkbox"/>	If yes, please supply details.
No <input type="checkbox"/>	
<b>I authorise you to deduct the relevant employee pension contributions from my <i>Pensionable Salary</i>.</b>	
The <i>Society</i> and Trustees will treat all information concerning you and your <i>Dependants</i> as confidential. It may be used for both <i>Society</i> and Plan purposes. The persons to whom the data may be disclosed will include administrators, auditors, professional advisers, insurance companies and other organisations in connection with the administration of the Plan and the business of the <i>Society</i> .	
<b>Signature</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
A copy of your completed form will be available from the Department of Human Resources on request.	

**Employer information** (to be completed by employer only)

Please sign and date this form prior to returning to Mercer and complete the additional information if necessary.

**Annual Salary**

**Date joined Society**

**Occupation of employee**

**Employee number**

**Date joined Scheme**

**Part time hours** (if applicable)

Part time hours as a % of full-time working week

**Location**

**Scheme**

**Additional information** (if applicable)

  

**Signature** (on behalf of employer)

**Date**

**Name (BLOCK CAPITALS)**

**Contact telephone number**