

If you have a deferred entitlement with CERS - please complete in **BLOCK CAPITALS**- apart from where signature is required at the end of the form

TO : CERS

From : Full name:

Date of birth:

CERS Member ID(s):

(if known)

Email address:

Contact phone number:

Home Address:

Name of Employer (s) you were included in CERS with and periods of service with each:

Signed by:

Date:

Please return to us at deferred@cers.ie

Or in the attached FREEPOST envelope to us at our address:

**Linden House
4 Clonskeagh Square
Clonskeagh Road
FREEPOST F4211
Dublin, 14 FH90**