

ADDITIONAL VOLUNTARY CONTRIBUTION (AVC) APPLICATION FORM

Member Name:

Home Address: _____
PLEASE USE BLOCK CAPITALS

Date of Birth: Phone Number: _____

Email address: _____ Member No: _____

Company Name: _____

Contributions to be paid each week or each month

Fixed amount / % of Salary per month: _____

NOTE: This AVC will be invested in the DEFAULT FUND i.e. the Standard Lifestyle Strategy unless you have provided an alternative instruction. Full information on the range of investment choices available and an Investment Instruction form are available on www.cers.ie

I hereby authorise the company to make the necessary deductions indicated above from my salary until further notice.

Signature: _____ Date:

When completed this form should be returned to your own payroll department and a copy sent to CERS at the address below.

Completed forms should be returned to: Construction Executive Retirement Savings (CERS), Linden House, 4 Clonskeagh Square, Clonskeagh Road, Dublin 14, D14 FH90 | t: (01) 407 1430 | e: info@cers.ie