

Certificate of Service

Receiving Scheme: Technological University Dublin - Education Sector Superannuation Sector formerly the Local Government Superannuation Revision Scheme

Part A - General Details

| | | |
|---|----------------------------|--|
| 1 | Name of scheme member: | |
| 2 | Name of organisation/body: | |
| 3 | Date of Birth: | |
| 4 | PPS No.: | |

Part B - Service Details *(Space to provide further information is available on page 2 of this form)*

| | | From – To | Years & Decimal | Details of Contributions Due |
|----------|--|------------------|----------------------------|-------------------------------------|
| A | Permanent Wholetime Service | | | |
| B | Temporary Wholetime Service | | | |
| C | Part Time Service <i>(including job sharing & work sharing)</i> | | | |
| D | Purchased Service (if any) | | | |
| E | Details of unpaid absence | | | |
| F | Total Service [A+B+C+D-F] | | | |

Note: Please include details of service which was not reckonable at the time but which would have been deemed to be reckonable for superannuation purposes if he/she had remained in continuous employment with your organisation. Please also provide details of the superannuation contributions which would now be payable to have the service reckoned.

Salary at date of resignation: Value: _____ Point and Scale: _____

Pensionable emolument: Type: _____ Value: _____

Please indicate if the service was satisfactory: Yes No

Part C - Contribution details

Contributory Scheme: Non Contributory Scheme: Comments: _____

Contributions Paid: Dates: _____ Rate Of Contribution: _____ PRSI Rate: _____

Details of Outstanding Contributions due: _____ *(please also indicate at Part B above)*

Did the scheme member at resignation:

1. Retain an entitlement to Preserved Benefit award or other Retained Benefit: Yes No

2. Receive a refund of contributions? Yes No

If yes, please provide details below:

Amount of refund: _____ Date of Refund: _____ Rate of compound interest applying: _____%

Part D - Spouses' and Children's Scheme

Applicable Scheme: Widows' and Orphan's Scheme (Original Spouses' & Children's Scheme)
Spouses and Children's Scheme (Revised Scheme)

Total service in years and decimal for which contributions to Widows and Orphans (Original) or the Spouses and Children's (Revised) Scheme have not been paid or for which contributions were refunded: _____

Part E - Authorised Signature and Company Seal

I hereby confirm that the above information is complete and correct and I confirm that _____
_____ (company name) operates on the **Public Sector Transfer Network**.

Signature: _____ (Authorised official) Rank/Position: _____

(PRINT NAME HERE) _____

Company Seal:



Further Information regarding contributions due or service: