

Appendix III: Nomination Form



Employer: _____

Trustee(s): _____

Name of DC Scheme: _____

Year Established: _____

Number of Members: **Active:** _____

Deferred: _____

Pensioner: _____

Pensions Board Ref: _____

Revenue Approval Ref: _____

Nomination for the PQS is made by: _____

On behalf of the Scheme, I hereby submit this application to the Irish Association of Pension Funds and agree to be bound by the Rules of the IAPF DC PQS 2011©

Signed: _____

Date: _____

BLOCK CAPITALS PLEASE

Sponsoring Employer: _____

Name: _____

Position: _____