



**Garda Representative Association,**  
5th Floor, Phibsboro Tower, Dublin 7.  
Ph: 01 830 3533 mail: gra@indigo.ie

## Garda Siochana Life Assurance Scheme Pension Deduction Authorisation Form

### Retired Members

<b>Registered No:</b>									
-----------------------	--	--	--	--	--	--	--	--	--

<b>Life Assurance Code:</b>	6	1	5	1
-----------------------------	---	---	---	---

<b>Cost per month</b>	3	1	8	5
-----------------------	---	---	---	---

**To: Paymaster General**

I hereby agree to have my contributions to the Garda Siochana Life Assurance Scheme deducted each month from my pension. Such contributions will be paid to the Underwriter of the Scheme through the Garda Representative Association on my behalf. I also agree that deductions shall continue to be made unless otherwise notified by the Garda Representative Association and that the rate of deductions may be changed from time to time by the Garda Representative Association. I recognise that, beyond making remittance to the organisation concerned equivalent to the amount deducted, the State accepts no further responsibility in the matter. I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rests with me.

<b>NAME</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Former Rank</b>	
<b>Date of retirement</b>	
<b>Telephone No.</b>	

**Signature:** \_\_\_\_\_ **Mobile No.** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Email** \_\_\_\_\_

Please return form to:-  
Garda Representative Association,  
Floor 5,  
Phibsboro Tower,  
Dublin 7