



PENSION PLAN ADMINISTRATOR APPLICATION

1. This form should be completed by a Senior Executive or other person responsible for the conduct of the business and having legal authority to sign on behalf of the applicant.
2. Before completing this form, applicants should refer to the National Pension Scheme (Occupational Pensions) Act 1998 (“the Act”) and any regulations made thereunder.
3. This form must be submitted typed or written in BLOCK CAPITALS in ink.
4. The signatory should, on completion of the form, initial each page of the application and any supplementary sheets and sign the declaration on the last page.
5. Completed applications with relevant supporting material should be sent to:-

Pension Commission
Wessex House
45 Reid Street
Hamilton HM 12
Bermuda

Or via email at:

info@pensioncommission.bm

6. If you require further assistance or have any queries in connection with this application please contact the Pension Commission by telephone at 295-8672 or by email at info@pensioncommission.bm

Documentation to accompany the Application

The application must be accompanied by the following items (as applicable):-	Document Attached?
1. Certified copies of Memorandum of Association, Bye-laws, & certificate of Incorporation	
2. Accounts. A copy of the most recent financial statements for the company (audited where available) together with financial statements for its parent company.	
3. Business Plan. A statement setting out the nature and scale of the pension administration business which is to be carried out by the applicant, and particulars of the arrangement(s) proposed for the operation of that business	
4. Questionnaire completed by all significant shareholders (10% or above) of the applicant together with Personal Questionnaire completed by all directors and officers of the applicant.	
5. Group Structure. Applicants forming part of wider groups must provide an up-to-date organizational chart giving full details of the group structure.	

**APPLICATION FOR APPROVAL
AS A PENSION PLAN ADMINISTRATOR**

**Pursuant to Section 6(f) of the National Pension Scheme
(Occupational Pensions) Act 1998**

**PART I: DETAILS OF APPLICANT
(complete as appropriate)**

Name of applicant	
Address of registered office	Address of principal place of business in Bermuda
Other places of business in Bermuda	Other places of business outside Bermuda
Any other names which the applicant uses or proposes to use for purposes of or in connection with any business carried on	
Date and place of formation of company	
Contact name	E-mail address
Website	Telephone number
Will the applicant be offering pension plans and other pension plan/retirement products? If yes, please describe below	

PART II: OPERATIONS OF THE APPLICANT

1. Name(s) and address(es) of banker(s) with whom the applicant maintains or proposes to maintain client accounts.

2. Name(s) and address(es) of the primary custodian(s) of client pension assets:

3. Name and address of the applicant's auditors (where applicable).

4. Names and addresses of any other regulatory body with responsibility for the applicant.

5. Names of all directors, officers and senior executives.

6. Names of all significant shareholders (10% or above) of the applicant, indicating the relevant percentage of ownership.

7. Names and positions in the applicant of the persons who effectively direct the business.

8. Where applicable, amount and currency of the company's issued and paid-up share capital.

9. Where applicable, amount and currency of the company's authorized share capital.

10. Applicant's financial year-end.

Part III: INSURANCE COVER

Indicate below whether the Applicant has cover in respect of the following:-

Limit Deductible	Insurer	Broker
Errors & omissions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Directors and officers liabilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fidelity and forgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of property	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Computer crime	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Computer damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business interruption	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Office contents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Political risk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other insurance (please provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Has any application for insurance by the applicant or any predecessors in business ever been refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any material insurance claims been made by the applicant or any predecessors in business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name(s) and address(es) of insurer(s):
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PART IV: PRIOR ISSUES

If the answer to any of the questions below is yes, please give full particulars in the space provided at the back of this questionnaire clearly stating to which question the details relate.

	YES/NO
(a) Has the applicant ever applied for and been refused a licence or an equivalent authorisation or registration to conduct any financial services business in Bermuda or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Has the applicant failed to satisfy a judgement debt under a court order in Bermuda or elsewhere within a year of the making of the order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Has the applicant made any compromise or arrangement with its creditors or otherwise failed to satisfy creditors in full?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Has the applicant ever had a receiver appointed over any of its property in Bermuda, or has the substantial equivalent of any such person been appointed in any other jurisdiction? If so, give full particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Has the applicant ever had a petition for an administration order or the substantial equivalent of such a petition served on it in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Has the applicant ever had a notice of resolution for liquidation in Bermuda, or had the substantial equivalent of such a notice given in any other jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) Has a petition ever been served in Bermuda for the compulsory liquidation of the applicant or any member of a group of which the applicant is a member or has the substantial equivalent of such a petition ever been served in any other jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>(h) Has an inspector or other authorised officer of any government department or agency, professional association or other regulatory body appointed under any Bermuda law (e.g. the Companies Act 1981) or equivalent overseas enactment, ever investigated the affairs of the applicant or any member of a group of which the applicant is a member?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>(i) Has the applicant or any member of a group of which the applicant is a member been required to produce books or records pursuant to section 110 of the Companies Act 1981 or similar provisions of regulatory legislation (e.g. within Bermuda or elsewhere)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>(j) Has the applicant or any member of a group of which the applicant is a member ever been censured, prosecuted, or warned as to future conduct, or disciplined or publicly criticized by, or made the subject of a court order at the instigation of any supervisory or regulatory authority?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>(k) Has the applicant or any member of a group of which the applicant is a member ever been refused entry in Bermuda or elsewhere to any professional body, stock exchange or trade association concerned with financial services?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>(l) Is the applicant or any member of a group of which the applicant is a member engaged or does it expect to be engaged in Bermuda or elsewhere in any litigation which may have a material effect on the resources of the undertaking?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

This declaration must be completed by an authorized signing officer of the applicant in block capitals or typed.

I, (full name and address) _____

confirm that I have read and understand the provisions of the National Pension Scheme (Occupational Pensions) Act 1998 (“the Act”) and I declare that the business in respect of which this application is made will be conducted in accordance with the provisions of the Act, the Regulations and any Codes of Conduct.

I declare that the particulars supplied in the application are true to the best of my knowledge and belief.

Signature of authorized signing officer of applicant: _____

Name of authorized signing officer: _____

Title/Position: _____

Date: _____