



THE PENSION COMMISSION

FORM NO. 7

ANNUAL ADMINISTRATIVE FEES

(To be completed by the Pension Plan and Local Retirement Product Administrator, as applicable)

Due Date

(No later than 30 June of each applicable calendar year)

Plan Reporting Year End

(All sections must be completed, as applicable)

1 Registration/Reference number

2 Name of Pension Plan/Local Retirement Product

3 Plan Administrator

Company Name		
Contact		
Email:		
Telephone	(Area Code)	

4 Administrative Fee Calculation (at plan's or local retirement product's year-end)

	Provide Number of Members/Former Members		Total Payable
Financial Institution Pension Plan	<input type="text"/>	x \$30.00	\$ <input type="text"/>
Local Retirement Product	<input type="text"/>	x \$30.00	\$ <input type="text"/>
Individual Plan self-administered by an employer	<input type="text"/>	\$3,000 or x \$30.00 (whichever is lower)	\$ <input type="text"/>
Multi-Employer Plan (Hotel Pension Fund & Restaurant Pension Plan)	<input type="text"/>	\$50,000 or x \$30 (whichever is lower)	\$ <input type="text"/>
Individual Plan administered by a third party administrator	<input type="text"/>	x \$30.00	\$ <input type="text"/>

Please make the payment via online banking or cheque payable to the Pension Commission

5 Certification

As the authorized officer of the administrator of the above noted pension plan or local retirement product, I certify that all the information presented on this form is true to the best of my knowledge and belief.

DATED this _____, day of _____, 20_____

Signature of Witness

Signature of authorized signing officer

Name of Witness (please print)

Name of authorized signing officer (please print)

Address of Witness

Title/Position (please print)

Please return this Form (with proof of payment) to the Pension Commission
via info@pensioncommission.bm or P O Box HM 3384, Hamilton HM PX