



THE PENSION COMMISSION

FORM NO. 4

ANNUAL INFORMATION REPORT

(To be completed by the Pension Plan Administrator)

Due Date

(No later than 6 months after a plan's financial year-end)

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All sections must be completed. Please review all the information shown below.

1 Registration Number

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2 Name of Pension Plan

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3 Plan Type

<input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Defined Contribution
<input type="checkbox"/> Multi-employer	<input type="checkbox"/> Other (specify)

4 Plan Reporting Period

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5 Plan Administrator - Name and Mailing Address

Contact				
Title				
Company Name				
Address				
City			Postal/Zip Code	
Telephone	(Area Code)		Extension	

6 Employer*- Name and Address

Name				
Address				
City			Postal/Zip Code	
Telephone	(Area Code)		Extension	

*Please note that if a Financial Institution Pension Plan, please include a list of participating employers with individual member data

7 Body Holding Pension Fund Assets - Name and Address

Name				
Address				
City			Postal/Zip Code	
Telephone	(Area Code)		Extension	

8 Location of books or records maintained by the plan administrator or – same as plan administrator's address

Address				
City			Postal/Zip Code	

9 Name of collective bargaining agent representing the largest number of members of the pension plan, or not applicable

10 Funding information for the Reporting Period

Contributions made in respect of the reporting period:	
Employer contributions	<input style="width: 150px; height: 20px;" type="text"/>
Member required contributions	<input style="width: 150px; height: 20px;" type="text"/>
Additional voluntary contributions	<input style="width: 150px; height: 20px;" type="text"/>

11 Membership Information at the end of the Reporting Period

Indicate number of plan members & former members	Male	Female
	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
Total Number of plan members & former members	<input style="width: 120px; height: 20px;" type="text"/>	

12 Annual Information Report Fee Calculation

Total plan members & former members	<input style="width: 80px; height: 20px;" type="text"/>	x \$5.00 =	\$ <input style="width: 80px; height: 20px;" type="text"/>
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Fee payment must be the number shown above multiplied by \$5.00
 Payment can be made by cheque payable to the Pension Commission or directly to the Commission's bank account.

13 Confirmation of Compliance

Plan administrators are required to review the Statement of Investment Policies and Goals (SIP&G) at least once each year in order to confirm or amend it.

Have you reviewed the SIP&G since the last Annual Information Report?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the date the SIP&G was last reviewed:	<input style="width: 150px; height: 20px;" type="text"/>
Have you amended the SIP&G since the last Annual Information Report?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the date of the last amendment	<input style="width: 150px; height: 20px;" type="text"/>

Have the pension plan and fund been administered in compliance with the National Pension Scheme (Occupational Pensions) Act 1998

Yes No If no, please attach an explanation

14 Certification

As the authorized representative of the administrator of the above noted pension plan, 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 representative
Name of Witness (please print)	Name of authorized representative (please print)
Address of Witness	Title/Position (please print)

	\$
15 Amounts transferred in from other plans.....	
16 Payment of benefits from the plan.....	
17 Transfers of benefits to other plans.....	
18 Market value of assets at beginning of reporting period...	
19 Market value of assets at end of reporting period.....	
20 Total expenses at end of reporting period.....	
21 Net investment earnings (losses)\$	

<p>22 Did the pension plan terminate or become inactive prior to or in this reporting period?</p> <p style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </p> <p style="text-align: right;">If yes, enter Date of Termination</p> <p>If all the assets were distributed pursuant to the termination of the plan, enter the date of final distribution. [No further questions]</p> <p style="text-align: right;">Date of Final Distribution</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="text-align: center;">year/month/day</td></tr> <tr><td style="height: 40px;"></td></tr> <tr><td style="text-align: center;">year/month/day</td></tr> <tr><td style="height: 60px;"></td></tr> </table>		year/month/day		year/month/day	
year/month/day						
year/month/day						
<p>23 How many employers participated in the plan at the end of the reporting period?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 30px;"></td></tr> </table>					

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