



# THE PENSION COMMISSION

## FORM NO. 3

### CERTIFICATE OF PARTICIPATION IN A FINANCIAL INSTITUTION PENSION PLAN

(To be completed by the Employer and the Financial Institution)

#### PART A - INFORMATION CONCERNING THE EMPLOYER

Payroll tax account number

1. Name of Employer:

(Social Insurance Account Number)

(Mailing Address)

(Postal code)

(telephone number)

(ext.)

(website)

(authorized officer)

(e-mail)

(title or position)

#### OTHER PENSION PLANS

2. Does the Employer sponsor or participate in any other pension plans?

- yes  
 no

If yes, provide particulars of other pension plans, including the name and registration numbers and the current status of the plan(s):

3. Is the pension plan supported by a collective agreement?

- yes  
 no

If "yes" attach a copy of relevant provisions of collective agreement to this Form.

#### PLAN PARTICIPATION FEES CALCULATION

4. Enter below the number of members as of the effective date of the Employer's participation in the plan:

**Male**                      **Female**                      **Total**  
\_\_\_\_\_ + \_\_\_\_\_ = **(A)** \_\_\_\_\_

**PARTICIPATION FEES:**              **Fee payment must be the amount shown in (A) multiplied by \$5.00.**

**\$5.00 per member x (A) = \$** \_\_\_\_\_

Payment can be made by cheque payable to the Pension Commission or directly to the Commission's bank account. Please return this Form (with proof of payment) to the Pension Commission via [info@pensioncommission.bm](mailto:info@pensioncommission.bm) or P O Box HM 3384, Hamilton HM PX.

**INFORMATION RELATED TO THE PENSION PLAN**

5. Type of organization operated by the principal employer(s) *(check the most appropriate)*:

- a sole proprietorship/partnership
  - a company
  - a registered charity
  - other *(provide details)* \_\_\_\_\_
- 

**Provide a list of directors and officers or equivalent, as applicable (please attach to Form)**

6. What is the main business of the principal employer? \_\_\_\_\_

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7. Eligibility for membership  
Specify the class or classes of employees who are eligible to join the plan:

- all employees
  - Bermudians and husbands or wives of Bermudians
  - other *(provide details)* \_\_\_\_\_
- 

8. Normal retirement age  
Indicate normal retirement age according to the plan text: \_\_\_\_\_

9. Employee contributions  
Identify employee contribution rate:

- no employee contribution required
- \_\_\_\_\_ % of pensionable earnings
- \_\_\_\_\_ % of pensionable earnings above required contribution rate
- other *(provide details)* \_\_\_\_\_

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10. Employer (includes self-employed) contributions  
Identify employer contribution rate or amount:

- employer pays employee contribution
- \_\_\_\_\_ of pensionable earnings
- \_\_\_\_\_ of pensionable earnings above required contribution rate
- \_\_\_\_\_ per year
- other *(provide details)* \_\_\_\_\_

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11. Pensionable Earnings

- \$200,000 maximum
- other *(provide details)* \_\_\_\_\_

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12. Vesting

one year

other (*provide details*) \_\_\_\_\_

13. Other plan information (*provide details*)

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#### DECLARATION BY EMPLOYER

**I DECLARE THAT** the contents of Part A of this form are true to the best of my knowledge and belief.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Signature of Employer's  
authorized signing officer*

\_\_\_\_\_  
*Name of Witness (printed)*

\_\_\_\_\_  
*Name of authorized signing officer (printed)*

#### PART B - FINANCIAL INSTITUTION

1. Name of Financial Institution:

\_\_\_\_\_

\_\_\_\_\_  
*(mailing address)*

\_\_\_\_\_

\_\_\_\_\_  
*(postal code)*

\_\_\_\_\_  
*(telephone number)*

\_\_\_\_\_  
*(ext.)*

\_\_\_\_\_  
*(website)*

\_\_\_\_\_  
*(contact name)*

\_\_\_\_\_  
*(e-mail)*

2. Name of Financial Institution Pension Plan:

\_\_\_\_\_

3. Registration Number of Financial Institution Pension Plan: \_\_\_\_\_

4. Effective date of establishment of Financial Institution Pension Plan:

\_\_\_\_\_

5. Effective date of participation of Employer  
in Financial Institution Pension Plan: \_\_\_\_\_

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#### DECLARATION BY FINANCIAL INSTITUTION

I, \_\_\_\_\_  
*(print name of Financial Institution)*

hereby declare that the Employer named in Part A above has been enrolled as a participating employer in the Financial Institution Pension Plan referred to above, with effect from the date referred to above.

I declare that certified copies of the documents that create and support the plan and the pension fund have been duly submitted to the Pension Commission and remain in effect unamended as of the date hereof.

I declare that I am aware of the obligations under the Act in respect of a Financial Institution Pension Plan and the Employer's participation therein and that the contents of Part B of this form and my declarations are true to the best of my knowledge and belief.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Signature of Financial Institution's  
authorized signing officer*

\_\_\_\_\_  
*Name of Witness (printed)*

\_\_\_\_\_  
*Name of authorized signing officer (printed)*