



THE PENSION COMMISSION

FORM NO. 1A

APPLICATION FOR REGISTRATION OF A FINANCIAL INSTITUTION PENSION PLAN

(All questions must be completed - please type or print)

INFORMATION CONCERNING THE ADMINISTRATOR

1 Provide the name of the administrator and the following information:

_____ *(primary contact)*

_____ *(mailing address)*

_____ *(postal code)*

_____ *(telephone number)*

_____ *(ext.)*

_____ *(email)*

2 Indicate whether the administrator is *(check the most appropriate)*:

a financial institution

other *(provide details)* _____

INFORMATION CONCERNING THE FINANCIAL INSTITUTION

3 Provide the name of the Financial Institution and the following information:

_____ *(name of financial institution)*

_____ *(primary contact)*

_____ *(mailing address)*

_____ *(postal code)*

_____ *(telephone number)*

_____ *(ext.)*

_____ *(email)*

_____ *(website)*

INFORMATION CONCERNING THE FINANCIAL INSTITUTION PLAN

- 4 What is the name of the financial institution pension plan? _____

- 5 What is the effective date of the establishment of the plan? _____
- 6 What is the date of the plan year-end? _____ / _____
mm dd
- 7 Is the pension plan a creation of, or supported by, a collective agreement?
 - yes
 - no

If "yes", attach a copy of the collective agreement to this Form (as required by paragraph 9 - documents which must be submitted.)

FUND

- 8 Provide the name of the approved trustee which holds the fund's assets and the following information:

_____ *(name of approved trustee holding fund's assets)*

_____ *(contact name)*

_____ *(mailing address)*

_____ *(postal code)*

_____ *(telephone number)* _____ *(ext.)* _____ *(email)*

- 9 **The following documents are required in all cases and must be submitted with this form,** exceptions where noted *(to ensure that all required documents and fees are attached to this form, check applicable items below):*

Certified copies of the documents that create and support the pension plan:

- certified copy of the text/rules of the plan
- certified copy of the collective agreement if the plan was set up in accordance with a collective agreement

Certified copies of the documents that create and support the pension fund:

- certified copy of the trust agreement(s)
- certified copy of any insurance policies
- certified copy of any application or other member documents
- certified copy of other types of supporting documents

Certified copies of the vendor documents for vendors that provide services to the pension plan or pension fund:

- certified copy of the administrator agreement(s)
- certified copy of trustee agreement(s)
- certified copy of investment management contracts(s)
- certified copy of actuarial contract(s)
- certified copy of any other vendor or consultant contracts

- a certified copy of the explanatory statement and other information provided to members and persons eligible to become members as required under section 13 of the Act (information provided by administrator)
- fee payable to the Pension Commission for the application fee (*see the end of paragraph 19*)

10 **The following documents are required if applicable to the plan** (*to ensure that all applicable documents and information are attached please check items below; if items are not applicable, indicate N/A*):

_____ a list of the other pension plans established by the Financial Institution

_____ a list of any other pension plans administered by the Financial Institution

OTHER REQUESTED INFORMATION

11 Enter below the number of members and former members as of the application date:

Male: _____ + Female: _____ = Total: _____

12 Eligibility for membership

Specify the class or classes of employees or other persons who are eligible to join the plan:

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

13 Normal retirement age

Indicate normal retirement age according to the plan text: _____

14 Employee contributions

Identify employee contribution rate:

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

15 Employer (including self-employed) contributions

Identify employer contribution rate or amount:

- employer pays employee contribution
- _____ % of pensionable earnings
- _____ % of pensionable earnings above required contribution rate
- other (*provide details*) _____

16 Pensionable Earnings

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

17 Vesting

- one year
- other *(provide details)* _____

18 Additional Plan Information *(optional)*

19 **APPLICATION FEE: \$1,000**

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 or P O Box HM 3384, Hamilton HM PX.

Please note that if the plan is registered, an additional fee of \$500 fee is payable to the Commission to issue a notice of registration.

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DECLARATION

I, _____,
hereby apply for registration of the Financial Institution Pension Plan identified
in this Form in accordance with the Act and the Regulations. I make the
application in my capacity as the duly authorized signing officer of the financial
institution of

_____ (the "Pension Plan").
(Name of the Financial Institution Pension Plan)

Attached are certified copies of the documents that create and support the
Pension Plan and the pension fund as well as any other documents required to
be submitted under the Act and the Regulations.

I DECLARE THAT:

1. The documents submitted with this Form include certified copies of the
documents that create and support the Pension Plan and the pension
fund and those documents, as well as all other documents submitted
with this application, comply with the Act and the Regulations;
2. I understand that the obligation to ensure that the documents
submitted with this Form comply with the Act and the Regulations is
the responsibility of the financial institution, and I declare that I have
fulfilled that obligation and have complied with the provisions of the
Act and the Regulations in making this application for registration; and
3. I am aware of my obligations under the Act as the financial institution
establishing the Financial Institution Pension Plan and that the
contents of this form and the documents submitted with this form, and
my declarations are true to the best of my knowledge and belief.

DATED this _____ day of _____ 20 _____

Signature of Witness

Name of Witness (printed)

*Signature of authorized signing
officer of financial institution*

*Name of authorized signing officer
of financial institution (printed)*

Title/Position