



LOCAL RETIREMENT PRODUCT ANNUAL INFORMATION REPORT

(to be completed by Provider)

Please complete and return to the Pension Commission by 28 February

1 Name of Local Retirement Product

2 Type

Life Income Locked-in

 Other (specify)

3 Reporting Period

31 December, _____

4 Provider - Name and Mailing Address

Contact	
Title	
Company Name	
Address	
City	Postal/Zip Code

5 Body Holding Assets - Name and Address

Name	
Address	
City	Postal Code

6 Location of books or records maintained by the provider or – same as provider’s address

Address	
City	Postal Code

7 Participant Information at the end of the Reporting Period

Indicate number of participants	Male	Female
	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Total Number	<input style="width: 100px;" type="text"/>	

8 Other Information

Amounts transferred in from other plans or products.....	\$	<input style="width: 95%;" type="text"/>
Additional voluntary contributions into the LRP.....	\$	<input style="width: 95%;" type="text"/>
Payment of benefits from the LRP.....	\$	<input style="width: 95%;" type="text"/>
Transfers of benefits/assets to other products.....	\$	<input style="width: 95%;" type="text"/>
Market value of assets at beginning of reporting period	\$	<input style="width: 95%;" type="text"/>
Market value of assets at end of reporting period.....	\$	<input style="width: 95%;" type="text"/>
Net investment earnings (losses).....	\$	<input style="width: 95%;" type="text"/>

Signature of Authorized Representative: _____

Name of Authorized Representative: _____
(please print)

Title/Position: _____
(please print)

Date: _____
(dd/mm/yy)