



THE PENSION COMMISSION

FORM NO. 1B

APPLICATION FOR APPROVAL OF A LOCAL RETIREMENT PRODUCT

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

INFORMATION CONCERNING THE ENTITY APPLYING FOR APPROVAL

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

(primary contact)

(mailing address)

(telephone number)

(ext.)

(email)

(website)

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

an employer or employers

an approved trustee

a financial institution

other *(provide details)* _____

INFORMATION CONCERNING THE ADMINISTRATOR

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

(primary contact)

(mailing address)

(telephone number)

(ext.)

(email)

(website)

INFORMATION CONCERNING THE LOCAL RETIREMENT PRODUCT

4 What is the name of the local retirement product?

5 What is the effective date of its establishment?

6 What is the date of its financial year-end?

7 Indicate the type of plan (*check the most appropriate*) :

defined contribution

other (*provide details*) _____

8 Provide the name of the body which holds the local retirement product's assets, and the following information:

(name of body holding fund's assets)

(contact name)

(mailing address)

(postal code)

(telephone number) (ext.) (email)

(website)

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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 local retirement product:

- certified copy of the text/rules of the retirement product

Certified copies of the documents that create and support the retirement product:

- certified copy of the trust agreement(s)
- certified copy 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
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- 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 paragraph 10 below*)

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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 Local Retirement Product is approved, an additional fee of \$500 fee is payable to the Commission to issue a certificate of approval.

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DECLARATION

I, _____,
hereby apply for approval of the local retirement product 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 applicant of
_____ (the "LRP").
(Name of the local retirement product)

Attached are certified copies of the documents that create and support the LRP
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 LRP, 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 applicant, 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 applicant establishing the LRP 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

*Signature of
authorized signing officer*

Name of Witness (printed)

*Name of
authorized signing officer (printed)*

Title/Position