



CORPORATE TRUSTEE QUESTIONNAIRE

TO BE COMPLETED BY A CORPORATE APPLICANT SEEKING
APPROVAL AS A TRUSTEE UNDER THE NATIONAL PENSION
SCHEME (OCCUPATIONAL PENSIONS) ACT 1998

Please return this form to the Pension Commission:

via info@pensioncommission.bm

or

P O Box HM 3384, Hamilton HM PX

(3 January, 2023)

Questionnaire

Please read the questions carefully. If more space is needed the answers should be written in the space provided at the back of this questionnaire headed "Additional Information." Clearly state to which question the details relate. Answers should be written in ink in BLOCK CAPITALS or typed.

The areas covered in this questionnaire are not exhaustive of the matters that the Pension Commission will consider in assessing whether an entity is "Fit and Proper".

I

Name of Pension Fund/Pension Plan or Local Retirement Product in connection with which this questionnaire is being completed	
Applicant Name	Date of Establishment
Contact Details (telephone + email)	
Physical address	P O Box
<p>Licensed by the Bermuda Monetary Authority? If yes please include copy.</p> <p>Licensed or regulated by any other regulatory body in Bermuda or overseas?</p>	<p>Date of License (if applicable):</p> <p>Date of License/regulation (if applicable):</p>

II Number of Other Pension Fund/Pension Plan or Local Retirement Product Clients and Total Assets

III Names of senior employees responsible for providing the trustee services and their educational and professional qualifications and the year in which they were obtained.

<u>Name</u>	<u>Professional Qualification</u>	<u>Year Obtained</u>

IV Details of Applicant's current membership in any relevant professional bodies and the year of admission.

<u>Professional Body</u>	<u>Year of Admission</u>

V Description of the services to be provided to the pension plan/pension fund or local retirement product.

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VI Please answer Yes or No to the following questions. If any of the answers to the questions below are yes, please give full particulars in the space provided at the back of this questionnaire clearly stating to which question the details relate.

	Yes/No
a. Has the Applicant or any of its directors, officers or senior executive employees at any time been employed by or owned, any organization or institution whose licence to conduct any financial services business has during the period of their involvement, been revoked, cancelled, restricted, suspended or surrendered under any law?	
b. Has the Applicant ever had an application for a licence to conduct banking, investment, trust, insurance or other financial services business in Bermuda or elsewhere, refused or withdrawn?	
c. Has the Applicant ever been convicted of any offence involving fraud or other dishonesty by any court, in Bermuda or elsewhere? If so, when giving particulars, detail the court by which it was convicted, the offence, the penalty imposed and the date of conviction.	
d. Has the Applicant, in Bermuda or elsewhere, ever been censured, disciplined or criticized by any professional body to which it belongs or has belonged or made the subject of a court order at the instigation of any regulatory authority?	
e. Has the Applicant ever been the subject of an investigation, in Bermuda or elsewhere, by a governmental, professional or regulatory body?	
f. Has the Applicant ever incurred a judgement debt under an order of a court in Bermuda or elsewhere or made any compromise arrangement with its creditors within the last 10 years?	
g. Is the Applicant presently or expected to be engaged in any litigation in Bermuda or elsewhere?	
h. Has the Applicant ever been subject to any regulatory sanctions, whether in Bermuda or elsewhere?	

CERTIFICATION

I, _____
(print full name and title)

Certify on behalf of the Applicant that the above information is complete and correct to the best of my knowledge and belief.

Signed _____ Date _____

ADDITIONAL INFORMATION

(Please state clearly to which questions the details relate)

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