

## FORM NO. 6 APPLICATION FOR APPROVAL AS A TRUSTEE

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

(Note: If the trustee is a com	npany, use the name of	the company)
(primary contact)		
(mailing address)		
		(postal cod
(telephone number)	(ext.)	(email)
other (please ad	other (please advise details)	
other (please da	vise aeiaiisj	
3 If the trustee is	If the trustee is an individual, indicate if a representative of:	
the employer or contributions	employers or any o	ther person required to make
members or form	ner members	
a union		
<ul><li>□ a union</li><li>□ other (please ad</li></ul>	vise details)	
_	vise details)	

#### INFORMATION CONCERNING THE PENSION PLAN

4	What is the name of the pension plan?		
_	Indicate the true of plan (short the most managints).		
5	Indicate the type of plan (check the most appropriate):		
	multi-employer		
	defined benefit		
	defined contribution		
	defined contribution		
	defined benefit		
	other (provide details)		
ОТН	ER PENSION PLANS		
6	Does the applicant act (or has the applicant acted previously) as a trustee or any other pension plans?		
	☐ yes ☐ no		
	If "yes", provide the name of the previous plan(s) including the registration or reference number(s) (f applicable):		
7	The following documents are required (as applicable) for each type of trustee and must be submitted with this Form.		
	completed personal questionnaire		
	completed corporate questionnaire		
	APPLICATION FEE: \$100		

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 <a href="mailto:info@pensioncommission.bm">info@pensioncommission.bm</a>

Please note that if the applicant is approved, an additional fee of \$100 fee is payable to the Commission to issue the certificate of approval.

## THE PENSION COMMISSION

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### **DECLARATION**

Ī.		(please print),	
in ac			
	(Name of the per	nsion plan)	
	hed are certified copies of the docume red to be submitted under the Act an	ents that support this application and d the Regulations.	
I DEC	CLARE THAT:		
1.	The information provided in this this application comply with the	Form and documents submitted with Act and the Regulations;	
2.	I understand that the obligation to ensure that the information submitted in this Form and documents required to be submitted that comply with the Act and the Regulations is my responsibility 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 approval.		
3.	I am aware of my obligations under the Act 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.		
DATE	D this day of	20	
Signature of Witness		Signature of applicant or authorized signing officer of applicant	
Name	e of Witness (printed)	Name of applicant or authorized signing officer of applicant	