

WIND-UP REPORT FOR DEFINED BENEFIT PENSION PLANS



Note: Section references are to the National Pension Scheme (Occupational Pensions) Act 1998, amendments and regulations unless otherwise indicated. There is a **\$100 applicable fee** payable to the Pension Commission either by cheque or directly to the Commission's bank account.

PLAN INFORMATION

1. Registration Number: _____

2. Name of Pension Plan: _____

3. Employer/Plan Sponsor: _____

4. Pension Fund Holder(s): _____

5. Collective Bargaining Agent: _____ N/A

WIND-UP INFORMATION

6. Type of wind-up: Full Partial _____

Identify partial wind-up group (if applicable)

7. Effective date of wind-up:

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dd mm yyyy

8. Effective date of wind-up complies with s. 38 (4): Yes No

9. Month for which last contributions were received:

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dd mm yyyy

10. All employee and employer contributions remitted to the fund to the effective date of wind-up:

Yes No

11. Date last notice given to Members:

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dd mm yyyy

12. Notice content and distribution complies with ss. 38 (2) (3) & ss. 1 – 4 of regulation 17:

Yes No N/A

13. Financial Information (as at Date of Application): Full Plan

Assets (Market Value) _____ Liabilities _____ Surplus _____

[Please provide an explanation of how a surplus was created, the proposed treatment of the surplus and the allocation method, if applicable.]

14. Financial Information (as at Date of Application): Portion affected by wind-up

Assets (Market Value) _____ Liabilities _____ Surplus _____

[Please provide an explanation of how a surplus was created, the proposed treatment of the surplus and the allocation method, if applicable.]

15. Legislative Requirements – The following requirements have been applied:

Full Vesting

Benefits locked-in

16. Filing Requirements (full wind-up only):

All outstanding Annual Information Reports, Associated Fees and Financial Statements have been filed: Yes No

RECOMMENDED FOR WIND-UP: Yes No Pension Analyst (sign off) _____

EXPLANATIONS & DECLARATIONS: (Include reference to section number):

CERTIFICATION OF COMPLIANCE:

I declare that:

- a) I have reviewed this report,
- b) the information contained in this wind-up report is true and accurate and this report is complete,
- c) the benefits and options have been determined in accordance with the terms of the Pension Plan and meet the minimum requirements of the National Pension Scheme (Occupational Pensions) Act 1998, and,
- d) to the best of my knowledge and belief, this report complies with the requirements of the National Pension Scheme (Occupational Pensions) Act 1998, except as noted in this report.

DATED this _____ day of _____ , _____
(day) (month) (year)

Signature of authorized signing officer of administrator

Name of authorized signing officer

Title/Position

Name & Address of Administrator

Telephone Number

Email: _____