



Form No. 9

First Time Homeowner Refund Application Form

Application for up to a Refund of Money from an Occupational Pension Plan and/or Local Retirement Product under the National Pension Scheme (Occupational Pensions) Act 1998

Use this Application to apply for a first time homeowner refund of your account balance from your occupational pension plan or local retirement product under the National Pension Scheme (Occupational Pensions) Act 1998.

YOU CANNOT BE APPROVED FOR A REFUND OF MONEY IF:

- You do not attend an in-person educational meeting at the Pension Commission.**
- The money you seek to have refunded is not governed by or under the National Pension Scheme (Occupational Pensions) Act 1998.
- Your pension plan is a defined benefit plan.
- You have purchased an annuity. You cannot request a refund from an annuity.
- You have already received prior approval for such a refund.
- You or the person you are applying for is not a first time homeowner.
- The principal residence being purchased is not located in Bermuda.
- You are 65 years of age or older.

A REFUND OF MONEY CAN ONLY BE APPROVED ONCE IN A LIFETIME

When you have completed the Application, **please include a copy of your Government issued identification and copies of any required documents**. Send the Application to the Pension Commission via email using info@pensioncommission.bm or deliver to the Commission's office at Wessex House 45 Reid Street, Hamilton HM 12.

THINK CAREFULLY BEFORE MAKING AN APPLICATION AS ANY REFUND WILL RESULT IN A REDUCED PENSION DURING YOUR RETIREMENT

Part 1 Information About the Applicant

1. Provide the following information about yourself: (please print)

Last Name	First Name	Middle Name(s)	Date of Birth (D/M/Y)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address	Street Number and Name	Suite No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	Parish/Province/State	Country	Postal/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(area code) Telephone Number (ext.)	<input type="text"/>		
Email:	<input type="text"/>		

2. Who are you applying for?

The person **must** be one of the following:

- Yourself** (please attach a copy of your government issued photo identification)
- Your husband or wife** (please attach a copy of their government issued photo identification and your marriage certificate)
- Your child** (please attach a copy of their government issued photo identification and a copy of your child's birth certificate)

If you answered "your husband, wife or child", provide the following information: (please print)

Husband's/Wife's or Child's Last Name	First Name	Middle Name(s)	Date of Birth (Day/Month/ Year)
Above's Mailing Address Street Number and Name <input type="checkbox"/> Same as your Mailing Address, or:			Suite No.
City	Province/State	Country	Postal/Zip Code
Above's Telephone Number (area code) Telephone Number (ext.) <input type="checkbox"/> Same as your Telephone Number, or if different:			

3. What is the plan registration or reference/policy number of your pension plan and/or local retirement product that you are seeking the refund from? If more than one also complete question 5.

Check your account policy, or the statements you have received from **your plan administrator**.
If necessary, ask your pension plan and/or local retirement product administrator.

Pension Plan or Local Retirement Product Registration or Reference/Policy Number. <hr/> <hr/>
Name of Plan Administrator <hr/>

4. **What is the amount you are requesting to be refunded (see the current account balance provided in the statement for each account)? Please note that the maximum that can be refunded is 30% for persons under the age of 45 and 15% for persons 45 years old or older, but not yet attained the age of 65 years. You may only be approved once in a lifetime.**

Please complete one of the following:

(under the age of 45 – max 30%) \$ _____

(45 years old, but not yet 65 years of age – max 15%) \$ _____

5. **Are you seeking a refund from any other pension plan and/or local retirement product?**

Yes

No

If yes, please provide the name of the pension plan and/or local retirement product (and any applicable policy numbers) and the value of the funds held in these accounts.

Name of other Pension Plan or Local Retirement Product
(and any applicable policy numbers)

What is the amount you are requesting to be refunded from the other additional plan(s) (see the current account balance provided in the statement for each account)?

Please complete one of the following:

((under the age of 45 – max 30%) \$ _____

(45 years old, but not yet 65 years of age – max 15%) \$ _____

6. **Have you ever received a first time homeowner refund of money before?**

Yes

No

If you answered “Yes”, please provide the date your refund was given and the name of the plan administrator that provided the refund.

Date you received your refund (Day(/Month/Year)

Plan administrator Name:

7. **Please provide a copy of the statement showing your pension fund account balance (for any defined contribution plans or local retirement products you are applying for). Please note that the statement must not be dated more than 30 days before the date the Pension Commission receives it.**

8. What is the address of the principal residence being purchased?

Principal Residence Address House Name/Street Number and Name Parish/Postal Code

9. Please provide a copy of the written confirmation from the lender that the loan has been approved, if applicable. The written confirmation must include the name(s) of the borrower and the name/number and address of the principal residence being purchased.

10. Please provide a certified copy of the signed purchase/sales agreement.

11. Please provide a copy of the First-Time Homeowner Pre-Qualification Notice from the Office of the Tax Commissioner.

12. Payment Instructions*

Please provide the payment instructions for your plan administrator, below (please print):

If to be paid by bank transfer, please provide the name and bank account number of the **barrister and attorney or other person to receive the lump sum (please provide a copy of this person's official payment instructions):**

Name of barrister and attorney or other person to receive the lump sum:

Address: _____

BNTB account number: _____

HSBC account number: _____

Clarien account number: _____

If to be paid by cheque:

Name of **barrister and attorney or other person to receive the lump sum:**

Address: _____

***Please note that any non-administrator costs (e.g. bank fees) associated with making the payment will be deducted from the payment**

Part 2
Certification by the Applicant

You **must** sign this Application by completing and signing the Certification in this Part. **Please read carefully.**

Certification

I own the pension plan and/or local retirement product identified in Part 1 of this Application. I hereby apply to the Pension Commission for a lump sum refund for the amount set out in Part 1 of this Application.

I certify* that on the date I sign this Certification:

1. I have not been required by any third party to make this application;
2. All of the information supplied in this Application and any documents that accompany this Application is accurate to the best of my belief; and
3. I understand that if I do not provide information in this Application which is true, accurate and complete, the Pension Commission **will not approve this application.**

Signature of Applicant _____	Date Signed (Day/Month/Year) _____
*By signing, you are certifying that this statement is true	

Part 3 Authorization Regarding Personal Information

The Authorization in this Part **must** be signed by you. In addition, this Authorization **must also** be signed by the husband or wife or child identified in Part 1 of this Application.

Each person should read the Authorization and, if the person agrees to the terms set out in the Authorization, sign and date the Authorization in the appropriate place at the bottom of the Authorization. Please also fill in the name of any husband, wife or child) that signs the Authorization. If any required person does not sign the Authorization as required, this Application **will not be complete**.

The Authorization will not be valid for the purposes of this Application if any required person signs the Authorization more than 30 days before the date the Pension Commission receives it.

The information in this Application is collected under the authority of the National Pension Scheme (Occupational Pensions) Act 1998 and the regulations made thereunder.

Authorization

I and/or my husband, wife or child named in this application authorize the Pension Commission to request and receive any information from the seller, lender, plan administrator, barrister and attorney or any other person referred to or named in this Application, in order to confirm or verify any information in this Application.

I and/or my husband, wife or child named in this application authorize any person referred to in this Application to provide information to the Pension Commission with respect to this Application and the documents accompanying this Application, to assist the Pension Commission in understanding them and verifying their authenticity and to assist the Pension Commission in verifying any information provided in this Application.

Signature of Applicant (below)			Date Signed (Day/Month/Year)
Signature of husband/wife or child (as applicable - below)	Husband's/wife's or child's Last Name First Name Middle Name(s)		Date Signed (Day/Month/Year)
Signature of additional child (as applicable - below)	Additional child's Last Name First Name Middle Name(s)		Date Signed (Day/Month/Year)
Signature of additional child (as applicable - below)	Additional child's Last Name First Name Middle Name(s)		Date Signed (Day/Month/Year)