



Application form for formal notification of a proposed cross-border activity



Schedule B

Application form for formal notification of a proposed cross-border activity (Article 11(3))

Please use BLOCK CAPITALS

Part 1: IORP identification

1.1	Home Member State Competent Authority Registration/ Authorisation Code/No. <i>(if applicable)</i>	
1.2	IORP name	
1.3	IORP contact details	Name: Address: Location of main administration (if different to address) Tel. No. Fax. No. Email.
1.4	Legal Form of IORP (e.g. company, trust)	

Part 2: Information referred to in Article 11(3)

If the information to be provided is identical to the information that was already communicated in a previous notification and if this information is still relevant, a reference to the information already provided may be sufficient.

Host Member State

2.1 Name of host Member State:

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2.2 Contact details of representative of the IORP in host Member State (*if applicable*):

Name: Title:

Address:

Legal form of representative in the host Member State:

Tel. No.

Fax. No.

Email.

Registration/Authorisation Code/No. (if applicable):

Sponsoring undertaking in host Member State

2.3 Name of sponsoring undertaking:

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2.4 Contact details:

Name:
Title:
Address:
Location of the main administration (if different to address)
Tel. No.
Fax. No.
Email.
Registration/Authorisation Code/No. (if applicable):

Main Characteristics of the Pension Scheme:

Membership

2.5 Is membership compulsory or voluntary? compulsory voluntary

2.6 Describe the eligibility criteria for membership of the pension scheme (e.g. categories of the sponsoring undertaking's employees that can be members of the pension scheme):
(if there are any restrictions)

2.7 What are the estimated numbers of members and beneficiaries *(if applicable) (if approval is granted)* relating to the planned cross-border activity?

Active:
Deferred:
Beneficiaries:
(e.g. all beneficiaries entitled to retirement pension, lump sums, widow's and orphan's pension, dependant's pension, disability pension, death in service cover etc)

Type of Pension Scheme (please select as appropriate)

2.8 Defined contribution:

Are there investment options and how many are there?
Where applicable, describe the default option

2.9 Defined benefit:
(final salary/salary related)

Please describe

2.10 Hybrid:
(separate defined contribution and defined benefit sections)

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Please describe	
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2.11 Other

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Please describe	
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Pension Scheme Rules:

Benefits offered and conditions for acquisition of benefits

2.12 Describe the types of benefits offered:
(e.g. annuity, lump sums, widow's and orphan's pension, dependant's pension, disability pension, death in service cover etc)

Describe the types of benefits offered: <i>(e.g. annuity, lump sums, widow's and orphan's pension, dependant's pension, disability pension, death in service cover etc)</i>	
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2.13 Describe the conditions for acquisition of benefits: *(for example: age, vesting period)*

2.14 Describe any guarantees offered (e.g. investment performance, a given level of benefits etc) and who provides the guarantees:

Description:	Provided by:
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2.15 Describe the additional coverage offered (e.g. long-term care, additional biometric risks etc) and who provides the additional coverage:

Description:	Provided by:
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Who is liable for the payment of benefits?

2.16 The IORP itself:

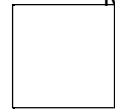
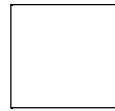
Yes

No

2.17 Another company: *(e.g. sponsoring company, insurance company)*

Yes

No



If yes, please state company name in full:

Contributions

2.18	Describe the types of contributions paid by the sponsoring undertaking (employer) and by the members: (e.g. percentage of salary, flat rate, single premium, certain percentage paid by the employee, etc.)	Employer:	Member:
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Assets and liabilities

2.19	Will the assets and liabilities of the pension scheme managed across borders be ring-fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2.20 Other financing rules (e.g. destination of surpluses)
Please describe

I/We submit the above application and declare that, to the best of our knowledge and belief, the information given in this application form is correct and complete.

Signed by all authorised person(s) ¹	Print name

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¹ i.e. persons authorised by, or members of, the management or supervisory body of the IORP to sign this document on behalf of, and thereby bind, the IORP.

Date of Application:

This form must be signed by the authorised person(s).

To be returned to:

Name of Competent Authority:

Address:

Fax:

Email:

Appendix 4b

Application form for prudential assessment of a proposed cross-border activity (article 11(4))

This form should preferably be submitted along with the application form for formal notification of a proposed cross-border activity in order to ensure timely consideration of the application.

Please use BLOCK CAPITALS

Part 1

Home Member State regulation – required information²

IORP information

1.1 Home Member State Competent Authority Registration/
Authorisation Code/No.
(if applicable)

1.2 IORP name

1.3 IORP contact details

Name:
Address:
Location of main administration (if different to address)

Tel. No.
Fax. No.
Email.

1.4 Legal form of the IORP
(e.g. company, trust)

² Part 1 is only to be filled out if form 4B is not submitted at the same time as form 4A.

PART 2

If the information to be provided is identical to the information that was already communicated in a previous notification and if this information is still relevant, a reference to the information already provided may be sufficient.

In the information to be provided emphasis should be placed on the changes resulting from the proposed cross-border activity.

- 2.1 Where applicable, describe the difference(s) between the proposed cross-border activity and the activity that the IORP is currently engaged in (*e.g. it proposes to offer DC benefits to members in the host Member State where currently it only provides DB benefits*)

- 2.2 Where applicable, provide documentation in relation to the proposed XB-activity with regard to:
- a. the administrative structure of the IORP
 - b. the financial situation of the IORP (*e.g. asset allocation, calculation technical provisions*)
 - c. the persons running the IORP (*e.g. regarding the good repute (Art. 22,7), professional qualification or experience*)

2.3 If applicable, please provide further documentation evidencing the information provided in 2.2.

2.4 Asset manager(s)

Is there any External/Contract-based asset manager?

Yes

No

If Yes, please identify asset manager

Name: Address:

Tel. No:

Fax. No:

Email:

2.5 Asset depository

Is there any asset depository?

Yes

No

Does the host Member State require the appointment of an asset depository (Article 33)?

Yes

No

If Yes to either of the above, please identify asset depository

Name: Address:

Tel. No: Fax. No: Email:	
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2.6 Have copies of the following or similar documents as amended following the intention to carry out a cross-border activity in line with national legal requirements of the home Member State been enclosed with this application?

- a. IORP bylaws (Scheme rules)
- b. Confirmation of the financial commitment of the sponsor (if any)
- c. Statement of Investment Principles
- d. Management agreement between IORP and sponsoring company
- e. Financing plan (including bases for calculation of technical provisions and contributions)
- f. Schedule of contributions/payments
- g. Estimates and projections about the costs, returns, evolution of technical provisions and assets
- h. Own Risk Assessment
- i. Any further documents

If no, please specify why:

I/We submit the above application and declare that, to the best of our knowledge and belief, the information given in this application form is correct and complete.

Signed by all authorised person(s) ³	Print name

Date of Application:

This form must be signed by the authorised person(s).

To be returned to:

Name of Competent Authority:

Address:

Fax:

Email:

³ i.e. persons authorised by, or members of, the management or supervisory body of the

IORP to sign this document on behalf of, and thereby bind, the IORP.