EIOPA RESTRICTED USE

EIOPA-BoS-18/321

**APPENDIX 6**

**Appendix 6a**

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| **Application form for the formal application for authorisation of a proposed cross-border transfer resulting or not in cross- border activity** |

**Please use BLOCK CAPITALS**

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| **Part 1**  **Information on Transferring IORP, Receiving IORP and sponsoring undertaking** | | |
| **Receiving IORP information** | | |
| 1.1 | Home Member State Competent Authority of the Receiving IORP Registration/Authorisation Code/No.  (*if applicable*) |  |
| 1.2 | Receiving IORP name |  |
| 1.3 | Receiving IORP contact details | Name:  Address:  Location of main administration (if different to address)  Tel. No.  Fax. No.  Email. |
| 1.4 | Legal form of Receiving IORP  (e.g. company, trust) |  |
| 1.5 | Number of current members and beneficiaries (latest available information before the transfer) | 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)*  Date: |
| **Transferring IORP information** | | |
| 1.6 | Home Member State Competent Authority of the transferring IORP Registration/Authorisation No.  (*if applicable*) |  |
| 1.7 | Transferring IORP name |  |
| 1.8 | Transferring IORP contact details | Name:  Address:  Location of main administration (if different to address)  Tel. No.  Fax. No.  Email. |
| 1.9 | Legal form of transferring IORP  (e.g. company, trust) |  |
| 1.10 | Number of current members and beneficiaries relating to the proposed cross-border transfer (latest available information) | 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)*  Date: |

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| **Sponsoring undertaking information** | | |
| 1.11 | Name of sponsoring undertaking of transferring IORP  *(if applicable)* |  |
| 1.12 | Contact details | Name:  Address:  Location of main administration of sponsoring undertaking:  (*if different to address*)  Tel. No.  Fax. No.  Email. |
| 1.13 | Legal form of sponsoring undertaking |  |

**Part 2**

**Written agreement between Transferring and Receiving IORPs**

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| 2.1 | Has a written agreement between the transferring and the receiving IORPs setting out the conditions of the transfer been provided? |  |  |

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| **Part 3**  **Description of the main characteristics of the pension scheme to be transferred**  Social and labour law  3.1. Names of the Member States whose social and labour law relevant to the field of occupational pension schemes is applicable to the transferred pension scheme |

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|  | |  | | --- | |  |   Membership | | | | | |
| 3.2 | Is membership compulsory or voluntary? | |  | compulsory |  | voluntary |
|  |  | | | | | |
| 3.3 | 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)* |  | | | | |
| 3.4 | Estimated number of transferred members and beneficiaries? | 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)  Date: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Type of pension scheme? (please select as appropriate)** | | | |
| 3.5 | Defined contribution: | |  |  |
|  |  | |  |  |
|  | Are there investment options and how many are there? Where applicable, describe the default option |  | | |
|  |  | |  |  |
| 3.6 | Defined benefit: *(final salary/salary related)* | |  |  |
|  |  | |  |  |
|  | Please describe |  | | |
|  |  | |  |  |
| 3.7 | Hybrid: *(separate defined contribution and defined benefit sections)* | |  |  |
|  |  | |  |  |
|  | Please describe |  | | |
|  |  | |  |  |
| 3.8 | Other | |  |  |
|  |  | |  |  |
|  | Please describe |  | | |

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| **Pension Scheme Rules:** | | | | | | | | | | |
|  | **Benefits offered and conditions for acquisition of benefits** | | | | | | | | | |
| 3.9 | 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)* | |  | | | | | | | |
|  |  | | | | | | | | | |
| 3.10 | Describe the conditions for acquisition of benefits: *(for example: age, vesting period)* | |  | | | | | | | |
|  | | | | | | | | | | |
| 3.11 | Describe any guarantees offered (e.g. investment performance, a given level of benefits etc) and who provides the guarantees: | Description: | | | | | | Provided by: | | |
| 3.12 | Describe the additional coverage offered (e.g. long-term care, additional biometric risks etc) and who provides the additional coverage: | Description: | | | | | | Provided by: | | |
|  | **Who is liable for the payment of benefits?** | | | | | | | | | |
| 3.13 | The IORP itself: | | | |  | | Yes | |  | No |
|  |  | | | |  | |  | |  |  |
| 3.14 | Another company: *(e.g. sponsoring company, insurance company)* | | | |  | | Yes | |  | No |
|  |  | | | |  | |  | |  |  |
|  | If yes, please state company name in full: | | |  | | | | | | |
|  | **Contributions** | | | | | | | | | |
| 3.15 | 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: | | | | |

**Part 4**

**Description of liabilities or technical provisions to be transferred, and other obligations and rights, as well as corresponding assets or cash equivalent thereof**

|  |  |  |  |
| --- | --- | --- | --- |
| 4.1 | Describe liabilities or technical provisions to be transferred, and other obligations and rights, as well as corresponding assets or cash equivalent thereof | Liabilities or technical provisions to be transferred: | Corresponding assets (or cash equivalent thereof): |
|  |  | Other obligations and rights: | Corresponding assets (or cash equivalent thereof): |

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| 4.2. | Will the assets and liabilities of the pension scheme be ring-fenced after the transfer ? |  | Yes |  | No |
|  |  |  |  |  |  |

4.3. Other financing rules (e.g. destination of surpluses)

Please describe

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**Part 5**

**Evidence of prior approval**

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| 5.1 | Has evidence been provided that a majority of members and a majority of the beneficiaries have given their prior approval of the transfer in accordance with national law? (*and/or a majority of their representatives where applicable*) |  |  |

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| 5.2 | Has evidence been provided that information on the conditions of transfer were made available to the members and beneficiaries concerned (*and/or their representatives, where applicable*) in a timely manner prior to the making of this application? |  |  |

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| 5.3 | Has evidence been provided that the sponsoring undertaking has given its prior approval of the transfer? (*if applicable*) |  |  |

**Part 6**

**Transfer resulting in cross- border activity**

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| --- | --- | --- | --- | --- | --- |
| 6.1 | Will the proposed transfer result in cross-border activity? |  | Yes |  | No |
| 6.2 | If yes, please specify the relevant host Member States (if other than the home Member State of the transferring IORP):   |  | | --- | |  | | | | | |
|  |  | | | | |

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.

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| --- | --- |
| **Signed by all authorised person(s)[[1]](#footnote-1)** | **Print name** |
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**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 6b**

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| **Application form for the prudential assessment of a proposed cross-border activity resulting from a cross-border transfer** |

**This form should preferably be submitted along with the application form for the formal application for authorisation of cross-border transfer resulting or not in cross-border activity.**

**IORPs are encouraged to send any additional information requested simultaneously to all Competent Authorities involved.**

**Please use BLOCK CAPITALS**

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| **PART 1[[2]](#footnote-2)** | | |
| **Receiving 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 Receiving IORP  (e.g. company, trust) |  |

**PART 2**

**If the information to be provided is identical to the information that was already communicated in a previous application 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.**

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

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| --- | --- | --- |
| 2.2 | Where applicable, provide any further information in relation to the proposed resulting XB-activity with regard to:   1. the administrative structure of the IORP 2. the financial situation of the IORP (e.g. asset allocation, calculation technical provisions) 3. the persons running the IORP   *(e.g.regarding the good repute (art. 22,7), professional qualification or experience)* |  |

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| 2.3 | Where 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 | Depositary |  | | | | | | | |  | Is there any depositary? | |  | Yes |  | No | | | |  | Does the host Member State require the appointment of an asset depository (Article 33) | |  | Yes |  | No | | | |  | If Yes, please identify the depositary | |  | | | | | | |  | Name:  Address:  Tel. No:  Fax. No:  Email: | | | | | | | | |  | | --- | | 2.6 Have copies of the following or similar documents as amended following the intention to carry out a cross-border transfer in line with national legal requirements of the home Member State been enclosed with this application? |  |  |  | | --- | --- | | 1. IORP bylaws (Scheme rules) |  |  |  |  | | --- | --- | | 1. Confirmation of the financial commitment of the sponsor (if any) |  |  |  |  | | --- | --- | | 1. Statement of Investment Principles |  |  |  |  | | --- | --- | | 1. Management agreement between IORP and sponsoring company |  |  |  |  | | --- | --- | | 1. Financing plan  (including bases for calculation of technical provisions and contributions) |  |  |  |  | | --- | --- | | 1. Schedule of contributions/payments |  |  |  |  | | --- | --- | | 1. Estimates and projections about the costs, returns, evolution of technical provisions and assets |  |  |  |  | | --- | --- | | 1. Own-Risk Assesment |  | | 1. 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.

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| **Signed by all authorised person(s)[[3]](#footnote-3)** | **Print name** |
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**Date of Application:**

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

To be returned to:

Name of Competent Authority:

Address:

Fax:

Email:

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. [↑](#footnote-ref-1)
2. Part 1 is only to be filled out if form 6B is not submitted at the same time as form 6A. [↑](#footnote-ref-2)
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. [↑](#footnote-ref-3)