EIOPA RESTRICTED USE

EIOPA-BoS-18/321

**APPENDIX 4**

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**Appendix 4a**

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

**Please use BLOCK CAPITALS**

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| **Part 1: IORP identification** |
| 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 IORP(e.g. company, trust) |  |
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| **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: |  |
| 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: |  |
| 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)* |  |

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| 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 |  |
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| 2.9 | Defined benefit:*(final salary/salary related)* |  |  |
|  |  |  |  |
|  | Please describe |  |
|  |  |  |  |
| 2.10 | Hybrid:*(separate defined contribution and defined benefit sections)* |  |  |
|  |  |  |  |
|  | Please describe |  |
|  |  |  |  |
| 2.11 | Other |  |  |
|  |  |
|  | 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)* |  |
|  |  |
| 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: |
| 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: |
|  | **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 namein 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: |
|  | **Assets and liabilities** |
| 2.19 | Will the assets and liabilities of the pension scheme managed across borders be ring-fenced? |  | Yes |  | No |
|  |  |

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.

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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 4b**

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| **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**

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| **Part 1** **Home Member State regulation – required information[[2]](#footnote-2)** |
| **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) |  |

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| **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.** |

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| 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*) |  |

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| 2.2 | Where applicable, provide documentation in relation to the proposed 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 | If applicable, please provide further documentation evidencing the information provided in 2.2. |  |

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| 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: |
|  |  |

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| 2.5 | Asset depositary |  |
|  | Is there any asset depositary? |  | 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 depositary |  |
|  | 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? |

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| 1. IORP bylaws (Scheme rules)
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| 1. Confirmation of the financial commitment of the sponsor (if any)
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| 1. Statement of Investment Principles
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| 1. Management agreement between IORP and sponsoring company
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| 1. Financing plan (including bases for calculation of technical provisions and contributions)
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| 1. Schedule of contributions/payments
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| 1. Estimates and projections about the costs, returns, evolution of technical provisions and assets
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| 1. Own Risk Assessment
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| 1. Any further documents
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| If no, please specify why: |
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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 4B is not submitted at the same time as form 4A. [↑](#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)