

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



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

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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

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

	Name: Address: Location of main administration (if different to address)
	Tel. No. Fax. No. Email.

1.5 Number of current members and beneficiaries (latest available information before the transfer)

Active: Deferred: Beneficiaries: <i>(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)</i> Date:

Transferring IORP information

1.6 Home Member State Competent Authority of the transferring IORP Registration/Authorisation No.
(if applicable)

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1.7 Transferring IORP name

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1.8 Transferring IORP contact details

Name: Address: Location of main administration (if different to address) Tel. No. Fax. No. Email.
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1.9 Legal form of transferring IORP (e.g. company, trust)

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1.10 Number of current members and beneficiaries relating to the proposed cross-border transfer (latest available information)

Active: Deferred: Beneficiaries: <i>(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)</i> Date:

Sponsoring undertaking information

1.11 Name of sponsoring undertaking of transferring IORP
(if applicable)

1.12 Contact details

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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

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Part 2

Written agreement between Transferring and Receiving IORPs

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

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:

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<p>Are there investment options and how many are there? Where applicable, describe the default option</p>	
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3.6 Defined benefit:
(final salary/salary related)

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<p>Please describe</p>	
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3.7 Hybrid:
(separate defined contribution and defined benefit sections)

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<p>Please describe</p>	
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3.8 Other

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<p>Please describe</p>	
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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)

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3.10 Describe the conditions for acquisition of benefits: *(for example: age, vesting period)*

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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:
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Who is liable for the payment of benefits?

3.13 The IORP itself:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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3.14 Another company:
(e.g. sponsoring company, insurance company)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please state company name in full:

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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:
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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):

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

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

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.

Signed by all authorised person(s) ¹	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:

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.

Appendix 6b

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

PART 1²

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)

² Part 1 is only to be filled out if form 6B is not submitted at the same time as form6A.

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.

- 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)

- 2.2 Where applicable, provide any further information in relation to the proposed resulting 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 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 depositary (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?

- 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.