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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms**  |
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| **Form AA93: Passporting – Notification of proposed Cross-Border Transfer resulting or not in Cross-Border Activity for Occupational Retirement Schemes** |
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| 1. General

This form, Form **AA93:** **Passporting – Notification of proposed Cross-Border Transfer resulting or not in Cross-Border Activity for Occupational Retirement Schemes (‘Notification’)**, emanates from the requirements noted in Directive (EU) 2016/2341 of the European Parliament and of the Council 14 December 2016 on the activities and supervision of institutions for occupational retirement provision (IORPs), the Retirement Pension Act (Cap 514) and to S.L. 514.08 – Retirement Pensions (Cross-Border Activities and Cross-Border Transfers) Regulations.This form shall be duly filled in by Retirement Scheme Administrators (”RSA“ or ”Authorised Person”) which are administering Occupational Retirement Schemes as authorised by the MFSA, to carry out cross border activity. Click or tap here to enter text.Where an Authorisation Application is being submitted this Notification shall be filed as part of and in conjunction with the relevant Authorisation Application Form. In case of an already Authorised Person, this form shall be submitted prior to exercising cross-border activities. The Authorised Person shall, to the best of its knowledge, provide information, which is truthful, accurate and complete. The Authorised Person shall notify the MFSA immediately if the information provided changes or is no longer relevant.The Authorised Person is required to make reference, and where applicable comply with, the relevant Act, the Regulations made, or Rules issued thereunder during the completion of the Notification. The Authorised Person shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable. The Authorised Person shall not tamper with, or modify in any manner, this Notification. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the submission to be invalid. Any potential improvements should be communicated to the MFSA for consideration.The Authority may, at its sole discretion, request from the Authorised Person further information/ documentation.

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| Authorisation Type | Select item |
| Notification Type |  Select item |

1. Definitions

For the purposes of this Notification the following shall mean:

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| **Authorised Person** | any person who is authorised by the MFSA under the Retirement Pensions Act (Cap 514), of the Laws of Malta |
| **RSA** | Retirement Scheme Administrator |

1. Instructions

The Authorised Person is required to complete all the respective sections under this Notification.1. **Section 1 – Identification Details**
2. **Section 2 – General Transfer Details**
3. **Section 3 – Assessment Form**
4. **Section 4 – Checklist and Declaration**
5. Privacy Notice

The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>.  |

| 1. Identification Details
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|  | **Institution for Occupational Retirement Provision** |
|  | **Receiving IORP Identification details** |
|  | Authorisation ID | Enter text |
|  | Registered Name | Enter text |
|  | Legal Form | Select item |
|  | If ‘*Other’* provide a description of the Legal Form | Enter text |
|  | **IORP Contact Person** |
|  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Business Email Address | Enter text |  | Business Direct Number | Enter text |
|  | **Number of Members and Beneficiaries***(Note: The Authorised Person shall provide the details of the latest information before the transfer)* |
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| Active | Enter text |
| Deferred | Enter text |
| Beneficiaries | Enter text |
| Date of the extraction of the information |  Enter date |

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| 1. General Transfer Details
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|  | **Transferring IORP Information***(Note: The Authorised Person shall provide details of the transferring IORP information)* |
|  | Home Member State Competent Authority of the transferring IORP  | Enter text |
|  | Transferring IORP Name | Enter text |
|  | Transferring IORP Contact Details |
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| **Contact Details** |
|  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Business Email Address | Enter text |  | Business Direct Number | Enter text |
| **Address** |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State | Enter text |
|  | Post Code | Enter text |  | Country | Select country |

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|  | Legal Form of transferring IORP | Enter text |
|  | Number of Members and Beneficiaries*(Note: The Authorised Person shall provide the latest available information)* |
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| Active | Enter text |
| Deferred | Enter text |
| Beneficiaries | Enter text |
| Date of the extraction of the information | Enter text |

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|  | **Sponsoring Undertaking Information** |
|  | Name of the Sponsoring Undertaking of transferring IORP | Enter text |
|  | Sponsoring Undertaking Contact Details |
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| **Contact Details** |
|  | Name of Company  | Enter text |
|  | Company Registration Number | Enter text |
|  | Business Email Address | Enter text |  | Business Direct Number | Enter text |
| **Address** |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State | Enter text |
|  | Post Code | Enter text |  | Country | Select country |

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|  | Legal Form of Sponsoring Undertaking | Enter text |
|  | **Written Agreement between the Transferring and Receiving IORP’s** |
|  | Has a written agreement between the transferring and receiving IORP’s been provided to set out the conditions of the transfer?  |  Select item |
|  | **Attachment | Copy of the written agreement between the transferring and receiving IORP’s**  |
|  | **Main Characteristics of the Pension Scheme** |
|  | **Social and Labour Law** |
|  | Name of the Member State/s whose social and labour law relevant to the field of occupational pensions scheme is applicable to the transferred pension scheme | Enter text |
|  | **Membership** |
|  | Membership Type | Select item |
|  | Provide details of the eligibility criteria for membership of the pension scheme. |
| Enter text |
|  | Provide the estimated number of members and beneficiaries relating to the planned cross-border activity.*(If applicable and if approval is granted)* |
| Active | Enter text |
| Deferred | Enter text |
| Beneficiaries | Enter text |
| Date of Extraction of Information | Enter text |
|  | **Type of Pension Scheme**  |
|  | Type of Pension Scheme | Select item |
|  | **Defined Contribution** *(if applicable)* |
|  | Indicate if there are investment options | Select item |
|  | If your answer to Q2.5.2.1 is ‘*Yes’*, indicate the number of investment options | Enter text |
|  | Describe the default option of each of the investment option/s, where applicable | Enter text |
|  | **Defined Benefit** *(if applicable)* |
|  | Indicate the defined benefit type | Select item |
|  | Provide a description of the defined benefit type | Enter text |
|  | **Hybrid** *(if applicable)* |
|  | To provide further details on the Pension Scheme | Enter text |
|  | **Other (as applicable)** |
|  |  To provide further details on the Pension Scheme | Enter text |
|  | **Pension Scheme Rules** |
|  | **Benefits offered and conditions for the acquisition of benefits** |
|  | Provide a description of the types of benefits offered |
| Enter text |
|  | Provide a description of the conditions for acquisition of benefits |
| Enter text |
|  | Indicate the provider of any guarantees offered  | Enter text |
|  | Provide a description of any guarantees being offered |
| Enter text |
|  | Indicate the provider of any additional coverage offered  | Enter text |
|  | Provide a description of the additional coverage offered |
| Enter text |
|  | **Liability for the payment of benefits** |
|  | Indicate the person liable for the payment of benefits | Select item |
|  | If the answer to Q 2.6.2.1 is ‘*Another Company’*, provide the full name of the company | Enter text |
|  | If the answer to Q 2.6.2.1 is ‘*Another Company’*, provide the registration number of the company | Enter text |
|  | **Liabilities or technical provisions to be transferred, and other obligations and rights as well as corresponding assets or cash equivalent thereof** |
|  | Provide a detailed description of the following: |
|  | Liabilities or technical provisions to be transferred | Enter text |
|  | Corresponding Assets (or cash equivalent thereof) | Enter text |
|  | Other obligations and rights | Enter text |
|  | Will the assets and liabilities of the pension scheme be ring-fenced after the transfer? |
| Enter text |
|  | Provide a description of other financing rules (e.g. destination of surpluses) |
| Enter text |
|  | **Evidence of Prior Approval** |
|  | 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? Kindly provide relevant documentation supporting this statement.  |
| Enter text |
|  | Has evidence been provided that information on the conditions of transfer were made available to the members and beneficiaries concerned in a timely manner to the making of this Application? Kindly provide relevant documentation supporting this statement. |
| Enter text |
|  | Has evidence been provided that information that the Sponsoring Undertaking has given its prior approval of the transfer? *(if applicable)* Kindly provide relevant documentation supporting this statement. |
| Enter text |
|  | **Transfer resulting in Cross-Border Activity** |
|  | Will the proposed transfer result in cross-border activity? | Select item |
|  | If the answer to Q2.9.1 is ‘*Yes’*, specify the relevant Host Member State/s *(if other than the Home Member State of the transferring IORP) – Please note that the IORP has to be authorised to carry out cross-border activity in such cases.*  | Select country |

| 1. Assessment Form
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|  | **Assessment Details**  |
|  | Where applicable, describe the difference/s between the proposed cross-border activity and the activity the IORP is currently engaged in |
| Enter text |
|  | Where applicable, provide documentation in relation to the proposed cross-border activity with regards to: |
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| Requirement/s | Attachment Name |
| Administrative structure of IORP | Enter text |
| Financial situation of IORP | Enter text |
| Persons running the IORP | Enter text |
| Any other supporting documentation | Enter text*(Add multiple as applicable)* |

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|  | Provide the identification details of the **Investment Manager** |
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| **Identification Details** |
|  | Name of Company | Enter text |
|  | Company Registration Number | Enter text |
|  | Business Email Address | Enter text |  | Business Direct Number | Enter text |
| **Address** |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State | Enter text |
|  | Post Code | Enter text |  | Country | Select country |

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|  | Does the Host Member State require the appointment of a Depository in terms of Article 33 of IORPs II Directive: | Select item |
|  | Provide the identification details of the **Depository** *(if applicable)* |
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| **Identification Details** |
|  | Name of Company | Enter text |
|  | Company Registration Number |  |
|  | Business Email Address | Enter text |  | Business Direct Number | Enter text |
| **Address** |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State | Enter text |
|  | Post Code | Enter text |  | Country | Select country |

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|  | Provide the identification details of the appointed **Custodian** |
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| **Identification Details** |
|  | Name of Company | Enter text |
|  | Company Registration Number |  |
|  | Business Email Address | Enter text |  | Business Direct Number | Enter text |
| **Address** |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State | Enter text |
|  | Post Code | Enter text |  | Country | Select country  |

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|  | 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 Annex? |
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| No. | Document/s | Submitted?(Y/N) | Justification(If not submitted) |
|  | IORP bylaws (Scheme Rules) | Select item | Enter text |
|  | Confirmation of the financial commitment of the sponsor (if any) | Select item | Enter text |
|  | Statement of the Investment Principles | Select item | Enter text |
|  | Management Agreement between IORP and Sponsoring Company | Select item | Enter text |
|  | Financing Plan (Including basis for calculation of technical provisions and contributions) | Select item | Enter text |
|  | Schedule of contributions/payments | Select item | Enter text |
|  | Estimates and projections about the costs, returns, evolution of technical provisions and assets | Select item | Enter text |
|  | Own-Risk Assessment | Select item | Enter text |
|  | Any other documents | Select item | Enter text *(Add multiple as applicable)* |

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| 1. Checklist and Declaration
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|  | **Checklist** |
|  | Please fill in the below checklist and ensure that all necessary documentation is attached and submitted together with this Notification. |
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|  | Copy of the written agreement between the transferring and receiving IORP’s  | Select item  |
|  | IORP bylaws (Scheme Rules) | Select item |
|  | Confirmation of the financial commitment of the sponsor (if any) | Select item |
|  | Statement of the Investment Principles | Select item |
|  | Management Agreement between IORP and Sponsoring Company | Select item |
|  | Financing Plan (Including basis for calculation of technical provisions and contributions) | Select item |
|  | Schedule of contributions/payments | Select item |
|  | Estimates and projections about the costs, returns, evolution of technical provisions and assets | Select item |
|  | Own-Risk Assessment | Select item |
|  | Any other documents | Select item |

*(Add multiple as applicable)* |
|  | **Declaration** |
|  | The undersigned, on behalf of the Authorised Person, declares that the information given in answer to the questions within this Notification; AA93, is complete and accurate to the best of their knowledge.Signature must be in wet ink or a valid qualified electronic signature in accordance with the circular issued by MFSA on the use of electronic signatures dated 15th November 2022. |
| Signature |
|  | Name | Enter text |  | Surname | Enter text |
|  | Position | Enter text |
|  | Identification Number | Enter text |  | ID Type | Select item |
|  | Date | Enter date |