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| **FORM FOR THE APPLICATION FOR AUTHORIZATION OF A PROPOSED CROSS‑BORDER TRANSFER RESULTING OR NOT IN CROSS‑BORDER ACTIVITY** |

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| **PART 1** | | | | | | | | | | | | | | | | | |
| **Information on Receiving IORP, Transferring IORP and sponsoring undertaking** | | | | | | | | | | | | | | | | | |
| **Receiving IORP information** | | | | | | | | | | | | | | | | | |
| 1.1. | | Competent Authority of the Receiving IORP Home Member State |  | | | | | | | | | | | | | | |
|  | | Registration/authorisation code (*if applicable*) |  | | | | | | | | | | | | | | |
| 1.2. | | Receiving IORP name |  | | | | | | | | | | | | | | |
| 1.3. | | Receiving IORP contact details | Name | | | | | | | | |  | | | | | |
| Postal address | | | | | | | | |  | | | | | |
| Location of main administration (if different from postal address) | | | | | | | | |  | | | | | |
| Telephone | | | | | | | | |  | | | | | |
| Fax | | | | | | | | |  | | | | | |
| Email address | | | | | | | | |  | | | | | |
| 1.4. | | Legal form of Receiving IORP |  | | | | | | | | | | | | | | |
| 1.5. | | Number of members and beneficiaries (latest available information before the proposed transfer) | Active | | | | | | | | | |  | | | | |
| Deferred | | | | | | | | | |  | | | | |
| Beneficiaries | | | | | | | | | |  | | | | |
| Date | | | | | | | | | |  | | | | |
| **Transferring IORP information** | | | | | | | | | | | | | | | | | |
| 1.6. | | Competent Authority of the Transferring IORP Home Member State  Registration/authorisation code (if applicable) |  | | | | | | | | | | | | | | |
| 1.7. | | Transferring IORP name |  | | | | | | | | | | | | | | |
| 1.8. | | Transferring IORP contact details | Name | | | | | | | | | |  | | | | |
| Postal address | | | | | | | | | |  | | | | |
| Location of main administration (if different from postal address) | | | | | | | | | |  | | | | |
| Telephone | | | | | | | | | |  | | | | |
| Fax | | | | | | | | | |  | | | | |
| Email address | | | | | | | | | |  | | | | |
| 1.9. | | Legal form of Transferring IORP |  | | | | | | | | | | | | | | |
| 1.10. | | Number of members and beneficiaries of the pension scheme to be transferred (latest available information before the proposed transfer) | Active | | | | | | | | | |  | | | | |
| Deferred | | | | | | | | | |  | | | | |
| Beneficiaries | | | | | | | | | |  | | | | |
| Date | | | | | | | | | |  | | | | |
| **Sponsoring undertaking information** | | | | | | | | | | | | | | | | | |
| 1.11. | | Name of sponsoring undertaking of transferred pension scheme (if applicable) |  | | | | | | | | | | | | | | |
| 1.12.  1.13 | | Contact details  Legal form | Name | | | | | | | | | |  | | | | |
| Postal address | | | | | | | | | |  | | | | |
| Location of main administration (if different from postal address) | | | | | | | | | |  | | | | |
| Telephone | | | | | | | | | |  | | | | |
| Fax | | | | | | | | | |  | | | | |
| Email address | | | | | | | | | |  | | | | |
|  | | | | | | | | | |  | | | | |
| **PART 2** | | | | | | | | | | | | | | | | | |
| **Written agreeement between Transferring and Receiving IORPs** | | | | | | | | | | | | | | | | | |
| 2.1. Is the written agreement between the transferring and the receiving IORPs setting out the conditions of the transfer attached? | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | Yes | | | | |  | | No |
| **PART 3** | | | | | | | | | | | | | | | | | |
| **Description of the main characteristics of the pension scheme to be transferred** | | | | | | | | | | | | | | | | | |
| 3.1. Social and labour law | | | | | | | | | | | | | | | | | |
| 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 | | |  | | | | | | | | | | | | | | |
| 3.2. Membership | | | | | | | | | | | | | | | | | |
| Is membership compulsory or voluntary? | | | |  | |  | | | compulsory | | | | |  | | voluntary | |
| 3.3. Description of the eligibility criteria for membership of the pension scheme | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 3.4. Estimated number of transferred members and beneficiaries[[1]](#footnote-1) | | | | | | | | | | | | | | | | | |
|  | | | Active | | | | | | | | | |  | | | | |
| Deferred | | | | | | | | | |  | | | | |
| Beneficiaries | | | | | | | | | |  | | | | |
| **Type of pension scheme** | | | | | | | | | | | | | | | | | |
| 3.5. | Defined contribution | | | | | | |  | | |  | | | | | | |
|  |  | | | | | | |  | | |  | | | | | | |
|  | May an investment choice be made? How many options are there? Is there a default option (describe if applicable)? | | | |  | | | | | | | | | | | | |
|  |  | | | | | | |  | | |  | | | | | | |
| 3.6. | Defined benefit (final salary/average salary, other) | | | | | | |  | | |  | | | | | | |
|  |  | | | | | | |  | | |  | | | | | | |
|  | Please describe | | | |  | | | | | | | | | | | | |
|  |  | | | | | | |  | | |  | | | | | | |
| 3.7. | Hybrid pension scheme | | | | | | |  | | |  | | | | | | |
|  |  | | | | | | |  | | |  | | | | | | |
|  | Please describe | | | |  | | | | | | | | | | | | |
|  |  | | | | | | |  | | |  | | | | | | |
| 3.8. | Other pension scheme | | | | | | |  | | |  | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
|  | Please describe | | | |  | | | | | | | | | | | | |
| **Pension scheme rules** | | | | | | | | | | | | | | | | | |
| 3.9. Describe the types of benefits offered (annuity, lump sum, survivorship annuity, orphan’s pension, invalidity pension, etc.) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 3.10. Describe the conditions for acquisition of supplementary pension rights (e.g. waiting and/or vesting period) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 3.11. Describe the guarantees offered (e.g. investment performance, a given level of benefits, etc.). Who provides the guarantees? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 3.12. Describe the additional coverage offered (e.g. health insurance, additional biometric risks, etc.). Who provides the additional coverage? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Payment of benefits** | | | | | | | | | | | | | | | | | |
| 3.13. The IORP itself is liable for the payment of the benefits | | | | | | |  | | | Yes | | | | |  | | No |
| 3.14. Another company is liable for the payment of the benefits (e.g. the sponsoring undertaking, an insurance company, etc.) | | | | | | |  | | | Yes | | | | |  | | No |
| If yes, please state the other company’s name and contact details. | | | | | | | | | | | | | | | | | |
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| **Contributions** | | | | | |
| Describe the types of contributions paid by the sponsoring undertaking and by the members (e.g. percentage of salary, flat rate, single premium, etc.) | | | | | |
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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 the liabilities or technical provisions to be transferred, and othe obligations and rights, as well as corresponding assets or cash equivalent thereof | | | | | |
| Liabilities and 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 obligations of the transferred pension scheme be ring-fenced after the transfer? | | | | | |
|  | |  | Yes |  | No |
| 4.3. Describe the other financing rules (e.g. destination of surpluses) | | | | | |
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| **PART 5** | | | | | | |
| **Evidence of prior approval** | | | | | | |
| 5.1. Is evidence attached of prior approval by a majority of members and a majority of the beneficiaries, as defined under the laws and regulations applicable to the transferred pension scheme (or, where applicable, by a majority of their representatives)? | | | | | | |
|  | | |  | Yes |  | No |
| 5.2. Is evidence attached of information on the conditions of the transfer having been made available to the members and beneficiaries (or, where applicable, to their representatives) in a timely manner prior to this application for authorization? | | | | | | |
|  | | |  | Yes |  | No |
| 5.3. Is evidence attached of the sponsoring undertaking having given its prior approval of the transfer? (if applicable)   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | Yes |  | No | | | | | | | |
| **PART 6** | | | | | | |
| **Transfer resulting in cross-border activity** | | | | | | |
| 6.1. Will the proposed transfer result in a cross-border activity? | | | | | | |
|  | | |  | Yes |  | No |
| 6.2. If yes, please specify the name of the relevant host Member States(if different from the home Member State of the Transferring IORP) | | | | | | |
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| **PART 7** | | | | | | |
| **Information about the person responsible for submitting the application for authorization** | | | | | | |
| The personal data you supply to the FSMA via this form will be processed by the FSMA as described in its Data Protection Policy. | | | | | | |
| **7.1. The person responsible for submitting the application for authorization is a natural person** | | | | | | |
| Name |  | | | | | |
| Given names |  | | | | | |
| Position |  | | | | | |
| Postal address |  | | | | | |
| E-mail address |  | | | | | |
| Telephone |  | | | | | |
| Fax |  | | | | | |
| **7.2. The person responsible for submitting the application for authorization is a legal person** | | | | | | |
| Company name |  | | | | | |
| Legal form |  | | | | | |
| Registered office |  | | | | | |
| Permanent representative | Surname |  | | | | |
| Given names |  | | | | |
| Position |  | | | | |
| Postal address |  | | | | |
| E-mail address |  | | | | |
| Telephone |  | | | | |
| Fax |  | | | | |
| **7.3. Declaration of the person responsible for submitting the application for authorization** | | | | | | |

I, the undersigned,

confirm the accuracy of the information provided in this application and its attachments.

Signed at , on / /

*(Signature to be preceded by the words “read and approved”)*

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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 for authorization of a cross-border transfer resulting or not in a cross-border activity.**  **IORPS are encouraged to send any additional information requested simultaneously to all Competent Authorities involved.**  **PART 1**  **Information on Receiving IORP, Tranferring IORP and sponsoring undertaking[[2]](#footnote-2)** | | | |
| **Receiving IORP information** | | | |
| 1.1. | Competent authority of the Receiving IORP Home Member State |  | |
|  | Registration/ Authorisation code (if applicable) |  | |
| 1.2. | Name of the Receiving IORP |  | |
| 1.3. | Contact details of the Receiving IORP | Name |  |
| Postal address |  |
| Location of main administration (if different to postal address) |  |
| Telephone |  |
| Fax |  |
| Email address |  |
| 1.4. | Legal form of the Receiving IORP |  | |

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| **PART 2**  If the information to be provided is identical to the information that was already communicated in a previous application and this information is still relevant, a reference to the information previously 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 currently engaged in (e.g. proposed management of a DC pension scheme where only DB schemes are currently managed). | | | |  | | | | |
|  | | | | | | | | | |
| 2.2. Where applicable, provide documentation in relation to the proposed cross‑border activity with regard to: | | | | | | | | | |
| 1. the administrative structure of the IORP | | |  | | | | | | |
| 1. the financial situation of the IORP (e.g. asset allocation, calculation of technical provisions, funding level) | | |  | | | | | | |
| 1. the professional integrity and expertise of the persons running the IORP | | |  | | | | | | |
|  | | | | | | | | | |
| 2.3. Where applicable, please provide further documentation substantiating 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 the asset manager | | | | | | | | | |
| Name | |  | | | | | | | |
| Postal address | |  | | | | | | | |
| Telephone | |  | | | | | | | |
| Fax | |  | | | | | | | |
| Email address | |  | | | | | | | |
|  | | | | | | | | | |
| 2.5. Depositary | | | | | | | | | |
| Is there any depositary? | | | |  | | Yes | |  | No |
|  | | | | | | | | | |
| Does the host Member State require the appointment of an asset depositary? | | | |  | | Yes | |  | No |
|  | | | | | | | | | |
| If a depositary was appointed, please provide identification details | | | | | | | | | |
| Name | |  | | | | | | | |
| Postal address | |  | | | | | | | |
| Telephone | |  | | | | | | | |
| Fax | |  | | | | | | | |
| Email address | |  | | | | | | | |
|  | | | | | | | | | |
| 2.6. Have copies of the following or similar documents, as amended with a view to the proposed carrying out of the cross‑border activity in line with national,legal requirements of the home Member State, been attached to the present form? | | | | | | | | | |
| 1. IORP bylaws (scheme rules) | | |  | | | |  | | |
| 1. Confirmation of the financial commitment of the sponsoring undertaking (if any) | | |  | | | |  | | |
| 1. Statement of investment principles | | |  | | | |  | | |
| 1. Management agreement between the IORP and the sponsoring undertaking | | |  | | | |  | | |
| 1. Financing plan (including bases for calculation of technical providsions and contributions) | | |  | | | |  | | |
| 1. Schedule of contributions / payments | | |  | | | |  | | |
| 1. Estimates and projections about the costs, returns, evolution of technical provisions and assets | | |  | | | |  | | |
| 1. Own-Risk Assessment | | |  | | | |  | | |
| 1. Other documents | | |  | | | |  | | |
|  | | | | | | | | | |
| If one of these documents is not attached, please specify why. | | | | | | | | | |
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| **PART 3: Information about the person responsible for submitting the application for authorization** | | |
| The personal data you supply to the FSMA via this form will be processed by the FSMA as described in its Data Protection Policy. | | |
| **3.1. The person responsible for submitting the application for authorization is a natural person** | | |
| Name |  | |
| Given names |  | |
| Position |  | |
| Postal address |  | |
| E-mail address |  | |
| Telephone |  | |
| Fax |  | |
| **3.2. The person responsible for submitting the application for authorization is a legal person** | | |
| Company name |  | |
| Legal form |  | |
| Registered office |  | |
| Permanent representative | Name |  |
| Given names |  |
| Position |  |
| Postal address |  |
| E-mail address |  |
| Telephone |  |
| Fax |  |
| **3.3. Declaration of the person responsible for submitting the application for authorization** | | |

I, the undersigned,

confirm the accuracy of the information provided in this application and its attachments.

Signed at , on / /

*(Signature to be preceded by the words “read and approved”)*

1. i.e. all beneficiaries in the broad sense, such as annuitants and beneficiaries entitled to widow’s and orphan’s pension, disability pension, death in service cover, invalidity pension, dependant’s pension. [↑](#footnote-ref-1)
2. Part I is only to be filled out if this form is not submitted at the same time as the application form for authorization of a proposed cross-border transfer resulting or not in a cross-border activity. [↑](#footnote-ref-2)