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| **APPLICATION FORM FOR NOTIFICATION OF A PROPOSED CROSS‑BORDER ACTIVITY** |

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| **PART 1: IORP identification** | | | |
| 1.1. | Home Member State Competent Authority |  | |
|  | Registration/ authorisation code (if applicable) |  | |
| 1.2. | IORP Name |  | |
| 1.3.  1.4. | IORP contact details  Legal form | Address of the registered office |  |
| Location of main administration (if different to address of the registered office) |  |
| Telephone |  |
| Fax |  |
| Email address |  |
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| **PART 2: Information referred to in Article 64 of the Law on the supervision of institutions for occupational retirement provision.** | | | |
| 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 the host Member State |  | |
| 2.2. | Contact details of the representative of the IORP in the host Member State (if applicable) | Name |  |
| Position |  |
| Address |  |
| Legal form |  |
| Telephone |  |
| Fax |  |
| Email address |  |
| Identification code |  |
| **Sponsoring undertaking(s)** | | | |
| 2.3. | Company name |  | |
| 2.4. | Contact details | Address |  |
| Location of the main administration (if different to address of the registered office) |  |
| Telephone |  |
| Fax |  |
| Email address |  |
| Identification code |  |

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| **Main characteristics of the pension scheme to be managed** | | | | | | | | | | | | | | |
|  | **Membership** | | | | | | | | | | | | | |
| 2.5. | Is membership compulsory or voluntary? | | |  | | | compulsory | | | |  | | Voluntary | |
|  |  | | | | | | | | | | | | | |
| 2.6. | Describe the eligibility criteria for membership (e.g. categories of the sponsoring undertaking’s employees that can be members of the pension scheme) |  | | | | | | | | | | | | |
| 2.7. | Estimated number of members and beneficiaries[[1]](#footnote-1)(if approval is granted ) relating to the planned cross-border activity | Active | | | | | | | |  | | | | |
| Deferred | | | | | | | |  | | | | |
| Beneficiaries | | | | | | | |  | | | | |
|  | **Type of pension scheme** | | | | | | | | | | | | | |
| 2.8. | Defined contribution | | | | |  | | |  | | | | | |
|  |  | | | | |  | | |  | | | | | |
|  | May an investment choice be made? How many investment options are there? Is there a default option (if applicable, describe)? |  | | | | | | | | | | | | |
|  |  | | | | |  | | |  | | | | | |
| 2.9. | Defined benefits (final salary/average salary, other) | | | | |  | | |  | | | | | |
|  |  | | | | |  | | |  | | | | | |
|  | Please describe |  | | | | | | | | | | | | |
|  |  | | | | |  | | |  | | | | | |
| 2.10. | Hybrid | | | | |  | | |  | | | | | |
|  |  | | | | |  | | |  | | | | | |
|  | Please describe |  | | | | | | | | | | | | |
|  |  | | | | |  | | |  | | | | | |
| 2.11. | Other | | | | |  | | |  | | | | | |
|  |  | | | | | | | | | | | | | |
|  | Please describe |  | | | | | | | | | | | | |
|  |  | | | | |  | | |  | | | | | |
|  | **Pension scheme rules** | | | | | | | | | | | | | |
| 2.12. | Describe the type of benefits offered (annuity, lump sum, survivorship annuity, orphan’s pension, invalidity pension, death in service cover, etc.) |  | | | | | | | | | | | | |
| 2.13. | Describe the conditions for acquisition of benefits (e.g. age, waiting and/or vesting period) |  | | | | | | | | | | | | |
| 2.14. | Describe the guarantees offered (e.g. investment performance, a given level of benefits, etc.). Who provides the guarantees? |  | | | | | | | | | | | | |
| 2.15. | Describe the additional coverage offered (e.g. long-term care, additional biometric risks, etc.). Who provides the additional coverage? |  | | | | | | | | | | | | |
|  | **Payment of benefits** | | | | | | | | | | | | | |
| 2.16. | The IORP itself is liable for the payment of the benefits | | | |  | | | Yes | | | |  | | No |
|  |  | | | |  | | |  | | | |  | |  |
| 2.17. | Another company is liable for the payment of the benefits (e.g. the sponsoring undertaking, an insurance company, etc.) | | | |  | | | Yes | | | |  | | No |
|  |  | | | |  | | |  | | | |  | |  |
|  | Name and contact details of the other company | |  | | | | | | | | | | | |
|  | **Contributions** | | | | | | | | | | | | | |
| 2.18. | Describe the types of contributions paid by the sponsoring undertaking and by the members (e.g. percentage of salary, set sum, single premium, etc.) |  | | | | | | | | | | | | |
| **Assets and obligations** |  | | | | | | | | | | | | | |
| 2.19. | Are the assets and obligations of the pension scheme managed across borders be ring-fenced? | | | |  | | | Yes | | | |  | | No |
|  | | |  | |
|  |  | | | |  | | |  | | | |  | |  |
| 2.20. | Describe the other financing rules (e.g. destination of surpluses) | | | |  | | |  | | | |  | |  |
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| **PART 3: Information about the person responsible for submitting the notification** | | |
| 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 notification is a natural person** | | |
| Name |  | |
| Given names |  | |
| Position |  | |
| Postal address |  | |
| E-mail address |  | |
| Telephone |  | |
| Fax |  | |
| **3.2. The person responsible for submitting the notification 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 notification** | | |
|  | | |

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”)

**APPLICATION FORM FOR THE PRUDENTIAL ASSESSMENT OF A PROPOSED CROSS‑BORDER ACTIVITY**

**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**

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| **PART 1** | | | | | | | | |
| **Information on the IORP[[2]](#footnote-2)** | | | | | | | | |
| 1.1. | Home Member State Competent Authority | | |  | | | | |
|  | Registration/ authorisation code | | |  | | | | |
| 1.2. | IORP name | | |  | | | | |
| 1.3.  1.4. | IORP contact details  Legal form | | | Address of registered office | | |  | |
| Location of main administration (if different from address of registered office) | | |  | |
| Telephone | | |  | |
| Fax | | |  | |
| Email address | | |  | |
|  | | |  | |
| **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 previously provided may be sufficient. | | | | | | | | |
| In the information to be provided, emphasis should be placed on the changes resulting from the proposed 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) | | | | | | | | |
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| Is there any external/ contract-based asset manager? | | |  | | Yes |  | | No |
|  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| If yes, please identify the asset manager | | | | | | | |
| Name |  | | | | | | |
| Postal address |  | | | | | | |
| Telephone |  | | | | | | |
| Fax |  | | | | | | |
| Email address |  | | | | | | |
|  | | | | | | | |
| 2.5. Asset depositary | | | | | | | |
|  | | | | | | | |
| Is there any asset depositary? | | | |  | Yes |  | No |
|  | | | | | | | |
| Does the host Member State require the appointment of an asset depositary? | | | |  | Yes |  | No |
|  | | | | | | | |
| If an asset 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 application? | | | | | | | |
| 1. IORP bylaws (Scheme rules) | | |  | |  | | |
| 1. Confirmation of the financial responsibility 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 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 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 notification** | | | | | | | |
| 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 notification is a natural person** | | | | | | | |
| Name |  | | | | | | |
| Given names |  | | | | | | |
| Position |  | | | | | | |
| Postal address |  | | | | | | |
| E-mail address |  | | | | | | |
| Telephone |  | | | | | | |
| Fax |  | | | | | | |
| **3.2. The person responsible for submitting the notification 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 notification** | | | | | | | |
|  | | | | | | | |

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, dependent’s pension. [↑](#footnote-ref-1)
2. Part 1 is only to be filled out if this form is not submitted at the same time as the form for notification of a cross‑border activity. [↑](#footnote-ref-2)