

Annex to Handbook

**FSMA\_2024\_06-08 of 22/03/2024**

Notification of termination of the mandate of a member of an operational body or key function holder of an Institution for Occupational Retirement Provision (IORP)

Scope:

Institutions for Occupational Retirement Provision

The IORP must inform the FSMA immediately of the termination of the mandate of members of its operational bodies and of key function holders.

“Termination of a mandate” should be understood to mean, among other things:

* the dismissal or resignation of the person in question;
* the termination of a function, while the person/entity concerned continues to exercise another function at the IORP (e.g. a member of the investment committee who was a director resigns his or her mandate as director);

* The termination of a mandate resulting from the expiry of the term of the mandate/appointment or of the service agreement concerned;
* the termination by the natural person of his or her role as permanent representative of the legal entity that holds a function[[1]](#footnote-2),[[2]](#footnote-3).

The FSMA asks the IORP to fill in the questionnaire in such a case and to upload it to the appropriate section of eCorporate.

We ask you these questions pursuant to Article 77 of the Law of 27 October 2006 on the supervision of institutions for occupational retirement provision (‘LIRP’).

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| --- | --- |
|  | **It is important that your answers be truthful.**  In your answers, please provide **all** information you could reasonably expect would be useful to our assessment.  We will take into account any specific circumstances as well as any explanations you have given. |

If you are *unsure* whether certain information may or may not be pertinent, it is best to mention it in any case. We may also invite you for an interview.

**We advise you to fill in this form on a computer.**

***We respect your privacy***

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| **Processing of personal data**  The personal data provided through the present questionnaire and its annexes will be processed by the FSMA in the way described in its [Privacy Policy](https://www.fsma.be/en/faq/fsma-privacy-policy).  The FSMA collects the requested data as part of its supervision of compliance with the requirements for professional integrity and appropriate expertise, as provided for by Article 77 of the LIRP.  For more information on your rights relating to your personal data and on the way in which they may be exercised, please see the FSMA’s [Privacy Policy](https://www.fsma.be/en/faq/fsma-privacy-policy).  *Should you share other persons’ personal data in this questionnaire and/or in the accompanying explanatory document, we ask you to inform those persons that their personal data have been communicated to the FSMA and that the FSMA will process those data in accordance with its Privacy Policy for Fit & Proper assessments, which is available on its website.* |

**Structure**

1. You hereby agree to provide complete and truthful answers
2. Which IORP?
3. To which function does the termination apply?
4. Who holds the function?
5. What does the termination apply to? *(to be filled in only if the function was exercised by a legal entity)*
6. Why is the mandate terminated?
7. What is the termination date of the mandate?
8. Will the person in question be replaced?
9. Your signature

# You hereby agree to provide complete and truthful answers

|  |  |
| --- | --- |
|  | **I hereby undertake to provide complete and truthful answers.** |
|  | **Without the above statement, this document is void.** Please **always** tick the box. |

# Which IORP?

|  |  |
| --- | --- |
| **Name of the IORP** |  |
| **FSMA identification code** |  |

# To which function does the termination apply?

If applicable, you may tick several functions.

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| * *Membership in an operational body*   Member of the Board of Directors  Member of the Management Committee  Member of the body tasked with day-to-day management  Member of the Administrative Committee  Member of the Investment Committee  Member of the Risk Management Committee  Member of the Audit Committee  Member of the Remuneration Committee  Member of an operational body other than those already mentioned: ……………………………………….  Chair of an operational body: ………………………………………………………………….   * *Key function holder*   Internal audit  Risk management  Actuarial  Compliance |

# Who holds the function?

If the function is held by a legal entity, please fill in the information requested under section 4.1 and under section 4.2 and, if applicable, under section 4.3.

## The natural person

|  |  |
| --- | --- |
| Surname |  |
| Given name(s) |  |
| National ID number[[3]](#footnote-4) |  |

## The legal entity holder of the function (if applicable)

|  |  |
| --- | --- |
| Company name |  |
| Company number[[4]](#footnote-5) |  |

## The legal entity permanent representative of the legal entity holder of the function (where applicable *- possible for key functions only*)

|  |  |
| --- | --- |
| Company name |  |
| Company number[[5]](#footnote-6) |  |

# What does the termination apply to? *(to be filled in only if the function was exercised by a legal entity)*

Section 5 needs to be filled in only if the function to which the termination applies (as stated under section 3 above) was held by a legal entity.

In that case, indicate below what the termination applies to:

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| The legal entity that holds a function will stop exercising the function.  *For example: the mandate of a service provider as a key function holder is expiring or will be terminated early.*  The natural person serving as permanent representative of the legal person that holds a function is being replaced.  *For example: the sponsoring undertaking that has been appointed key function holder is appointing a new natural person as its permanent representative because the current permanent representative (an employee of the sponsoring undertaking) is leaving the company.*  The natural person serving as permanent representative of the legal entity that is, in turn, permanent representative of the legal person that holds a function is being replaced.  *Possible for key functions only.*  The legal entity serving as the permanent representative of the legal entity that holds a function is being replaced or is leaving the cascade.  *Possible for key functions only.* |

# Why is the mandate terminated?

|  |
| --- |
| Voluntary termination by the person in question (resignation)  Forced termination (e.g. dismissal, removal, revocation,etc)  Expiry of the term of the mandate as member of an operational body, of the appointment as key function holder or of the term of the service agreement concerned |

Please provide below a detailed explanation of the underlying grounds and the specific circumstances of the termination (e.g. forced departure from the sponsoring undertaking or from the IORP on account of gross negligence, voluntary departure from the sponsoring undertaking, early termination of the service agreement concerned because of bad or non-performance, reorganization of the IORP or of the sponsoring undertaking, retirement etc.):

|  |
| --- |
| **Underlying grounds and specific circumstances of the termination** |
|  |

# What is the termination date of the mandate?

|  |
| --- |
| Enter a date (DD-MM-YYYY) |

# Will the person in question be replaced?

## Specify whether the person in question will be replaced

Yes

No

## If yes, state the date of entry into force of the replacement

|  |
| --- |
| Enter a date (DD-MM-YYYY) |

|  |  |
| --- | --- |
|  | In that case, you must provide the FSMA with all the information and documents relating to the appointment of the **replacement**. You can use one of the following questionnaires, as appropriate, for this purpose:   * [*Questionnaire for the initial appointment of a member of an operational body of an Institution for Occupational Retirement Provision (IORP);*](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06-01_en.docx) or * [*Questionnaire for the initial appointment of a key function holder of an Institution for Occupational Retirement Provision (IORP)*](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06-02_en.docx). |

## If not, state how the tasks and duties associated with the terminated function will be carried out

|  |
| --- |
|  |

# Your signature

***You confirm to the FSMA that***

☐ your answers to the questions in this questionnaire are truthful and complete.

***Number of annexes (if applicable):*** ………………………………………………………………………

|  |  |
| --- | --- |
| **Date** | Enter a date (DD-MM-YYYY) |
| **Surname** |  |
| **Capacity** |  |
| **Signature** |  |

1. Or as permanent representative of the legal entity that represents the legal entity that holds a function (possible only for key functions). [↑](#footnote-ref-2)
2. The IORP must also submit the proposed appointment of the new natural person to the FSMA via the appointment questionnaire. [↑](#footnote-ref-3)
3. Those who do not have a Belgian national ID number must state their date of birth. [↑](#footnote-ref-4)
4. Foreign legal entities must provide an equivalent national company number. [↑](#footnote-ref-5)
5. Foreign legal entities must provide an equivalent national company number. [↑](#footnote-ref-6)