

Proposal Form

Pension Fund Trustee Liability Insurance

[AMEND RED TEXT AS APPROPRIATE TO SUIT BUSINESS STRUCTURE AND PROCESSES]

Insurance Act 2015

In order to meet its duty of fair presentation, the policyholder has endeavoured to disclose in this proposal form all material information which is known to its **senior management** and **those responsible for its insurance**, and all material information that has been revealed by a **reasonable search**.

By quoting for this risk you agree that the above bolded terms are defined as below (in place of the definitions in the Insurance Act 2015) and that the policyholder has provided a fair presentation of the risk:

1. "**senior management**" means **all executive board members of the named policyholder [amend as appropriate]**.
2. "**individuals responsible for the insured's insurance**" means **the individual who signs the proposal form on behalf of the policyholder and the individuals at Aon who are responsible for the placement of this insurance [amend as appropriate – try to limit number of individuals]**.
3. "**reasonable search**" means a search of **knowledge held by executive board members and the legal counsel of each of the policyholder's subsidiaries [amend to comply with the process that has been carried out]**.

Information provided in this proposal form as part of the fair presentation and reasonable search does not include:

- a. the insured's business or market sensitive or confidential information; or
 - b. any information that Aon has received:
 - i. from anyone other than the insured or its representatives; or
 - ii. otherwise than directly in connection with this particular contract of insurance or reinsurance.
4. "**persons connected with a contract of Insurance**"
For the purposes of s4 (5) (a) of the Insurance Act 2015 insured persons who are not "senior management" or "individuals responsible for the insured's insurance" as defined in this proposal or in the Act are excluded from the scope of the duties of fair presentation and to make a reasonable search.

Note to the Proposer

This is a Proposal Form for a policy relating to claims made against the Insured during the policy period.

All questions must be answered to enable a quotation to be given (including 'not applicable' if relevant).

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

Please note that this proposal form is being completed on behalf of all Insureds.

The Insured has a duty under the Insurance Act 2015 to provide a "fair presentation" of the risk by:

- Disclosing every material circumstance that you know or ought to know, or sufficient information to put the insurer on notice that it needs to ask further questions to reveal those material circumstances; and
- Making disclosures in a manner which is reasonably clear and accessible; and
- Making sure that every material representation as to a matter of fact is substantially correct, and every material representation as to a matter of expectation or belief is made in good faith

Signing or completing this proposal does not bind the Proposer, or the Underwriters to complete a contract of insurance.

IMPORTANT

The Following Documents Must Be Attached to the Proposal Form

- A copy of the indemnity clause in the Trust Deed and any other indemnities given to other parties in relation to the Pension Schemes
- Details of each scheme requiring cover under this policy including the latest audited financial statements in respect of the pension schemes
- In the case of self-administered schemes (i.e. those which are not solely invested with a Life Office) please provide a copy of the last actuarial valuation
- Latest Company Report and Accounts or management accounts if older than 6 months

GENERAL DETAILS

a) Name of Employer Company
i)CABLE & WIRELESS JAMAICA LIMITED
ii)COMMUNITY & WORKERS OF JAMAICA COOPERATIVE CREDIT UNION
LIMITED

b) Address of Head Office

2-6 CARLTON CRESCENT, KINGSTON 10, JAMAICA

c) Country of Registration
JAMAICA

d) Principal Business Activities
TELECOMMUNICATIONS

e) Number of Schemes
ONE

f) Have all schemes been granted exempt approved status? **YES**

g) Is any plan in the process of being wound up or merged with another plan? **NO**

If 'Yes', please provide full details (including the date final disbursement of funds is expected).

h) Does the employer company or its subsidiaries act as trustees(s) **NO**

If 'Yes', is any subsidiary a Corporate Trustee Company?

NO

i) Are one third of the trustees nominated and selected by the members of the plans or have alternative procedures been agreed by the members. **YES**

j) Are procedures in place to assess the suitability of persons appointed to act as trustees? **YES**

k)	Are any of the Trustees (or Directors or Officers of a Corporate Trustee) either Directors or Officers of the Sponsoring Employer?	YES
l)	Are formal minutes taken of all trustee meetings?	YES
m)	Please give the name and year of appointment of:	
		Name
i)	Pension Consultants: THE HON. DAISY COKE, JULY 1, 2009	
ii)	Actuary: CORINNE BELLAMY, JULY 1, 2007 ECKLER CONSULTANTS AND ACTUARIES, JULY 14, 2009	
iii)	Scheme Auditors: KPMG, JANUARY 1, 1999	
iv)	Investment Managers: SAGICOR LIFE JAMAICA LIMITED, JULY 1, 2007 VICTORIA MUTUAL PENSIONS MANAGEMENT LTD., JANUARY 1, 2003	
v)	Administrator: EMPLOYEE BENEFITS ADMINISTRATOR LIMITED (EBAL), APRIL 1, 2008	
vi)	Other Advisers: PENSION PLAN MANAGER: HELEN CHRISTIAN, FEBRUARY 1, 2018 ATTORNEYS: MYERS, FLETCHER & GORDON, JANUARY 1, 2007	

PENSION PLAN DETAILS

Please complete this section and append as necessary, in relation to each Pension Fund

a) Name of Pension Plan: CABLE & WIRELESS JAMAICA PENSION PLAN

b) Current market value of plan assets GBP57.20 MIL
(unaudited as at December 31, 2020)

c) Please indicate which type of plan is provided:

Defined Benefit	NO
Money Purchase Pension Plan	YES
Invested in insurance Scheme	NO
Group Personal Pension Plan	NO
Other (Please specify)	NO

d) Please provide most up to date figures for:

Number of active members	Number of deferred members	Number of retired members
441	951	287

As at March 31, 2021

e) Is the pension plan meeting its Statutory Funding Objectives?

If 'No', please detail steps taken to ensure compliance within statutory timescales YES

f) Have all employer/employee contributions due to the Pension Scheme been fully and promptly paid? YES

If 'No', please give details

g) Has a Contribution Schedule been certified by the plan actuary or has a Payment Schedule been prepared?

YES

If 'No', by what date will this be done?

MANAGEMENT/INVESTMENT DETAILS

- | | | |
|--|---|-----|
| a) | Are all Pension Plan assets held in custodianship independently from the employer company and investment manager? | YES |
| b) | Have the trustees prepared a Statement of Investment Principles in respect of all plans? | YES |
| c) | What percentage of the assets of the Pension Scheme(s) are: | |
| | (i) Invested in the Sponsoring Employer? | 0% |
| | (ii) Loaned to the Sponsoring Employer? | 0% |
| d) | Are the retirement ages and the benefits provided by each Pension Scheme the same for men and women? | YES |
| If 'No', what measures are in hand to equalise the retirement ages and benefits? | | |
| e) | (i) Does the sponsoring employer, any subsidiary or any Trustee have Trustees Liability insurance currently in force? | YES |
| | If 'Yes', state Insurer: LLOYDS OF LONDON | |
| | Limit of Liability: LLOYDS FOR GBP10 MIL | |
| | (ii) Has any payment been made under any prior or current Trustees Liability Policy or similar insurance? | NO |
| | (iii) Has any insurer declined, cancelled or non-renewed any prior policy or application for Trustees Liability insurance or similar insurance? | NO |
| | (iv) Has the sponsoring employer, subsidiary or any Trustee given written notice under the provisions of any prior or current Trustee Liability insurance or similar insurance regarding specific facts or circumstances which might subsequently give rise to a claim being made against the Sponsoring Employer or any Trustee. | NO |

If 'Yes' has been answered to (ii), (iii), or (iv) above, please give details under separate attachment.

NO

- (v) Are you aware, after enquiry, of any circumstance, incident or investigation which may give rise to a claim?

If 'Yes', please provide details.

NO

CONTROL PROCEDURES

- a) What actions have been undertaken to address Internal Controls requirements set out under the Pensions Act 2004 (e.g. risk workshops)? REGULAR TRUSTEE MEETINGS, ANNUAL EXTERNAL AUDIT, SEMINARS AND WORKSHOPS

- b) Is the pension scheme(s) subject to an internal audit

NO

If 'Yes':

- (a) how often are procedures reviewed?
- (b) are physical assets valued against book value?
- (c) who received the reports?
- (d) have all recommendations been implemented?

YES/NO

YES/NO

- c) How frequently do the Trustees meet? QUARTERLY

Are all decisions undertaken on the basis of unanimous decision only?

NO

- d) Is Dual authority required for:

- (a) signing cheques above £5,000? YES
- (b) disbursement of assets or funds of the Pension Scheme? YES
- (c) Investment in and custody of securities and other valuables? YES
- (d) the granting of a pension scheme loan? YES
- (e) issuing amendments to fund transfer procedures? YES

- e) What procedure is used to issue and authorise fund transfer instructions?

- (a) are these all on a pre-formatted basis? YES

(b)	are the banks required to authenticate any instructions before payment?	YES
(c)	are all instructions confirmed in writing within 24 hours?	YES
f) Does the Pension Scheme enter into any stock lending activities?		NO
If "yes", what procedures are in force to ensure the authenticity of the other parties and to ensure the return of original stock?		
g)	Are passwords used to afford varying levels of entry to the computer systems?	YES
(a)	are these regularly changed when there is any turnover in personnel?	YES
(b)	is there an error and exception log which is regularly reviewed and which identifies terminals and used identification numbers?	YES

Declaration

I DECLARE that the above statements are substantially correct to the best of my knowledge and belief and that all known material circumstances have been disclosed after making a reasonable search. I undertake to inform insurers of any material alteration to those facts occurring before inception of the insurance.

A material fact is one which would influence a prudent insurer's judgement of the risk.

(This form must be signed by the person responsible for the Policyholder's insurance)

Signed

(for and on behalf of the sponsoring employer company)

Name ..Sola Hines

PositionCompany Secretary

Date ..12 May 2021.....

It is important that the officer signing the Declaration above is fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt, please contact your broker since non-disclosure may affect an insured's right of recovery under the policy or lead to voidance.

ERISA Plan Details (if cover is required for US plans)
 (Part of Pension Trustee Liability Proposal)

1.	Name of Pension Plan			
2.	Current market value of plan assets	\$		
3.	Please indicate which type of plan is provided:			
	Employee Welfare Benefit Plan	YES/NO	Stock Bonus Plan	YES/NO
	Defined Benefit Plan	YES/NO	ESOP	YES/NO
	Money Purchase Pension Plan	YES/NO	401K	YES/NO
	Profit Sharing Plan	YES/NO		
4.	Please provide most up to date figures for:			
	Number of active members	Number of deferred members	Number of retired members	
5.	(a) Please provide names of the following service providers:			
	Administrators			
	Actuary			
	Investment Manager			
	Legal Adviser			
(b)	If an Investment Manager is used please indicate which of the following is applicable:			
(i)	There is a written investment agreement with the Investment Manager		YES/NO	
(ii)	The Investment Manager guidelines for investment are fixed annually by the fiduciaries		YES/NO	
(iii)	The Investment Manager's performance is reviewed at least bi-annually		YES/NO	

- | | | |
|-----|---|--------|
| 6. | In respect of Defined Benefit Plans: | |
| (a) | Is the plan adequately funded in accordance with ERISA and attested to by an Actuary? | YES/NO |
| (b) | Are there any overdue employer contributions? | YES/NO |
| (c) | In how many years will full funding be achieved? | |
| 7. | Have there been any known violations of ERISA?
If "yes", please provide details | YES/NO |