

# Application form for approval to accept contributions

## Cross-border IORPs



### Please use **BLOCK CAPITALS**

Please note information must be provided in English and the language of the Host Member State. (i.e. the state where proposed sponsoring undertaking (employer) and proposed members located).

This form is available in Irish upon request.

## Part 1

### Home Member State regulation – required information

#### IORP information

1.1 Pensions Board Registration No.  
(if applicable)

1.2 IORP name

1.3 IORP full address

1.4 Principal employer's contact details

	Name: Address:  Tel. No. Fax. No. Email.
	Name: Address:  Tel. No. Fax. No. Email.

1.5	Legal form of IORP (e.g. Trust)	
1.6	Effective date of last actuarial funding certificate (DD/MM/YYYY)  (if applicable)	
1.7	Number of current members (latest available information)	Active: Deferred: Person(s) in receipt of retirement benefits:  Date:
1.8	Estimated number of active members (if approval is granted)	Active:
1.9	Date on which authorisation was granted (DD/MM/YYYY)	
1.10	Name of the Host Member State	
1.11	Name of the sponsoring undertaking in Host Member State	
1.12	Contact details of sponsoring (undertaking) in Host Member State from whom it is proposed to receive contributions	Name: Address:  Tel. No. Fax. No. Email.
1.13	Contact details of trustees of IORP in Home Member State	Name: Address:  Tel. No. Fax. No. Email.
1.14	List all Member States in which the IORP is currently operating	

## Part 2

**The following Information is required to enable the Pensions Board provide the relevant information to the host member state regarding the IORP to be operated for the sponsoring undertaking**

To be supplied by the trustees / IORP managers in English and also in the language of the relevant host member state. (i.e. the state where proposed sponsoring undertaking(employer) and proposed members located).

### Representative of IORP in the host member state (if any)

2.1 Contact details of representative or branch of the IORP in Host Member State (if applicable)

Name:
Address:
Legal form of representative or branch in the host Member State:
Tel. No.
Fax. No.
Email.

### Sponsoring undertaking in Host Member State (e.g. name of sponsoring employer of IORP)

2.2 Name in full:

2.3 Full address:

:

2.4 Contact name and title:  
(eg company secretary)

2.5 Contact's telephone number:  
(including international dialling code)

2.6 Contact's fax number:  
(including international dialling code)

2.7 Contact's email address:  
(if applicable)

## Description of the IORP

### Membership

- 2.8 Describe the categories of the sponsoring undertaking's employees that can be members of the IORP:  
*(if there are any restrictions)*

### Type of IORP offered to the sponsoring undertaking?

- 2.9 Defined contribution only:

Are there investment options and how many are there?

- 2.10 Defined benefit:  
*(final salary /salary related)*

- 2.11 Hybrid:  
*(separate defined contribution and defined benefit sections)*

### Benefits offered and conditions for payment of benefits

- 2.12 Describe the types of benefit offered:  
*(eg retirement pension, lump sums, widow's and orphan's pension, dependant's pension, disability pension, death in service cover etc)*

**Description of the IORP (continued)**

2.13 Describe the conditions for payment of benefits:  
(for example: age, contribution)

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2.14 Describe any guarantees offered (eg investment performance, a given level of benefits etc) and who provides the guarantees:

Description:	Provided by:

2.15 Describe the additional coverage offered (eg long-term care, additional biometric risks etc) and who provides the additional coverage:

Description:	Provided by:

**Who is responsible for the payment of benefits?**

2.16 The IORP itself:

Yes

No

2.17 Another company:  
(eg insurance company)

Yes

No

If yes, please state company name in full:

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**Contributions**

2.18 Describe the types of contributions paid by the sponsoring undertaking (employer) and by the members:

Employer:	Member:

**Assets and liabilities**

2.19 Will the assets and liabilities attributable to the IORP in the host member state be ring-fenced as permitted by the Directive? (Please note ring fencing is not permitted in Ireland)

Yes

No

2.20 Asset manager(s)

Is there any External/Contract-based asset manager?

Yes

No

If Yes, please state asset manager

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I/We trustees confirm that I/We are currently in compliance with the following parts of the Pensions Act (as applicable):

- A. Disclosure Requirements under section 54 of the Act and regulations made thereunder;
- B. Trustee Requirements under section 59A of the Act and regulations made thereunder;
- C. Remittance of contribution requirements under section 58A of the Act;
- D. Funding requirements under section 44 of the Act and regulations made thereunder.

I/We submit the above application and declare that, to the best of our knowledge and belief, the information given in this application form is correct and complete.

Signed by all trustee(s)	Print name

**Date of Application:**

**This form must be signed by the trustee(s).**

To be returned to:  
The Pensions Board  
Verschoyle House  
28/30 Lower Mount Street  
Dublin 2.  
Fax: 01 6318602  
Email: [info@pensionsboard.ie](mailto:info@pensionsboard.ie)