



**PENSION INSOLVENCY PAYMENT SCHEME
APPLICATION FORM TO THE PENSIONS BOARD FOR CERTIFICATION**

Please use **BLOCK CAPITALS**

Name of Defined Benefit Pension Scheme ("the Scheme"):	
Pensions Board Registration Number:	
Date Scheme commenced wind up:	
Relevant contact person:	
Address for correspondence:	
Telephone:	
E-mail:	

I/We, the trustees of the Scheme confirm that the documents listed below are attached:

- (a) Written confirmation by the trustees that the winding up of the Scheme has commenced;
- (b) Statement by the Scheme actuary that at the date of the commencement of the winding up the Scheme did not satisfy the funding standard as provided for by Section 44 of the Pensions Act, 1990;
- (c) Statement of Affairs of the insolvent employer;
- (d) Notice of the appointment of a liquidator or receiver to the insolvent employer;
- (e) A statutory declaration containing the information detailed in Article 4(1)(f) of Pensions Insolvency Payment Scheme Regulations, S.I. No. 4 of 2010;

This form must be signed by the trustee(s):

Print name:	Signed by trustee(s):

Date of application: _____

To be returned by post to:

The Pensions Board
Verschoyle House
28/30 Lower Mount Street
Dublin 2.
Email: info@pensionsboard.ie