



COMMONWEALTH OF DOMINICA
MINISTRY OF FINANCE
FINANCIAL SERVICES UNIT

APPLICATION FOR REGISTRATION OF A PENSION FUND PLAN (PART VIII OF THE INSURANCE ACT NO 4 OF 2012)			
1.	Name or proposed name of the pension plan:		
2.	Address or proposed address:		
	Email address:	Telephone No:	
3.	Name and address of the sponsoring company:		
4.	Name and address of designated contact person(s)		
	Email address:	Telephone No:	
5.	Please indicate the fund's registration eligibility criterion as per Section 188:		
	(i)	Provision of superannuation allowance to retired employees	<input type="checkbox"/>
	(ii)	Provision of pensions to the spouses and/or children of retired employees	<input type="checkbox"/>
	(iii)	The assurance of capital sums on the death of employees	<input type="checkbox"/>
	(iv)	All of the above	<input type="checkbox"/>

A – Compliance with the Insurance Act

6.	Consistent with the requirements of the Insurance Act, please indicate where the following provisions can be found in the rules and/or deed of the plan.	
	Provision	
	Section in Rules and/or Deed	
	(a)	The objects for which the plan is established
	(b)	The appointment and removal of trustees
	(c)	The vesting in the trustees of all property belonging to the plan
	(d)	The investment in the names of the trustees of all capital monies belonging to the plan
	(e)	The making of contributions to the plan by the employer
	(f)	The contributions payable to, and the rates of benefits payable from the fund, or the method of calculating benefits so payable
	(g)	The conditions on which persons may become, and may cease to be, contributors to, and entitled to benefit from, the fund
	(h)	The protection of the vested rights of contributors to the plan
	(i)	The preparation of all statements of accounts, balance-sheets and reports required by this Act
	(j)	The supply (on demand) to every person having any rights in the plan with a copy of the rules of the plan, all amendments to the plan, and the latest statements of accounts, balance-sheet and actuarial report
	(k)	The circumstances in which the plan may be wound up, and in the event of winding-up, the application of any surplus in the fund
(l)	The person or persons to whom any surplus is payable upon the winding-up of the plan	
(m)	The method by which the rules may be amended	

B – Particulars of the Fund

7.	(a)	Date of establishment.....		
	(b)	Number of members in the plan	As at (date):	
	(c)	The value of the fund: \$.....	As at (date):	
	(d)	Type of plan		
		(i)	Insured and other plans with guaranteed return	<input type="checkbox"/>
		(ii)	Plan placed with a discretionary funds manager (no guaranteed return)	<input type="checkbox"/>
		(iii)	Self managed plan	<input type="checkbox"/>

C– Particulars of Trustees

8.		Name	Address	Company Designation
	(a)			
	(b)			
	(c)			
	(d)			

D – Investment Arrangements (*Insured and other plans with guaranteed return*)*

9.	(a)	Name and contact details for the insurance company or other fund manager		
10.	(b)	Details on the guaranteed return		

E -Investment Arrangements (*plans placed or purchased from a discretionary funds manager*)*

11.	Name and address of the fund manager:		
12.	Relevant qualifications of the fund manager (or the managing principal of the firm):		

		
13.	Does the fund manager have professional indemnity insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Provide a list of assets held as at. (specify the date)		
		Type	Value (EC Dollars)
	(a)		
	(b)		
	(c)		
	(d)		
F – Investment Arrangements (self managed plans)*			
15.	Provide a list of assets held as at. (specify the date)		
		Type	Value (EC Dollars)
	(a)		
	(b)		
	(c)		
	(d)		
16.	List the place(s) at which the documents of title in respect of the fund’s investments are held or will be held		
17.	List particulars of any of the documents of title which are or will be held outside of Dominica.....		

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* Only one section is to be completed based on the type of plan.
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18.	List the names and addresses of the banks in which the fund has accounts at present or intends to have accounts.
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G – Financial Year and Auditors

19.	(a)	Give the date on which the plan’s financial year ends;
20.	(a)	If a firm is appointed to act as auditor to the fund, give the name and address of the firm;
	(b)	If an individual is appointed to act as auditor to the fund state—
	(i)	full name,
	(ii)	address,
	(iii)	qualifications, and
	(iv)	the professional association in which membership is held.

H - Documentation

21.	This application must be accompanied by—	
	(a)	A copy of the trust deed and rules of the plan..... <input type="checkbox"/>
	(b)	A copy of the actuarial report on which the plan is based..... <input type="checkbox"/>
	(c)	A copy of the latest financial statements of the plan..... <input type="checkbox"/>
	(d)	In the case of an insured plan, a copy of the policy of insurance related to the benefits provided by the plan..... <input type="checkbox"/>

We, on behalf of the pension fund plan hereby apply for registration of the plan pursuant to section 187 of the Insurance Act, No 4 of 2012.

We certify that to the best of our knowledge and belief all the information given in this application is true and correct.

(i) Trustee	Date.....
(ii) Trustee	Date.....
(iii) Trustee	Date.....

