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## REGISTRATION OF A PENSION PLAN

(PLEASE COMPLETE IN BLOCKED CAPITALS)

NOTE: In this form references to "the Law" means the National Pensions Law (2012 Revision) and any Regulations made under the Law and shall include any modification, amendment or revision of the Law.

### PART 1

#### INFORMATION CONCERNING THE PENSION PLAN

1. Full name of the pension plan: \_\_\_\_\_
2. Local start date for the pension plan: \_\_\_\_\_
3. End of financial year and annual renewal date of the pension plan: \_\_\_\_\_  
(Date is 30<sup>th</sup> June by Law unless otherwise specified in the Rules of the Plan)
4. Are there any other pension plans already set up by the employer(s) or by an affiliated or subsidiary company?      Yes       No

If yes, please attach to this form the following information: -

- (a) Name(s) of the plan(s)
- (b) Name(s) of the employer(s) for each plan if different from that identified in item #6
- (c) Registration number for each plan
- (d) Number of members in each plan

5. Have the members covered by this new plan participated in the past in any other pension plan of your company, including a predecessor, subsidiary or affiliated company?

Yes       No

If yes, please state the name of the previous plan and explain the status of that pension plan:

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**PART 2**

**EMPLOYER**

6. (a) Name of the Employer: \_\_\_\_\_

(b) Name of Company Secretary: \_\_\_\_\_

7. Location and Postal Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Telephone & Fax numbers of Employer: \_\_\_\_\_

\_\_\_\_\_

9. Are there any other employers, including subsidiary or affiliated companies, with employees participating in the pension plan?

Yes  No

If "yes" please provide details of names and addresses separate and attach to the form.

10. Is/are the employer(s)

a) a sole proprietorship Yes/No

b) a partnership Yes/No

c) a registered association Yes/No

d) a corporation Yes/No

e) other (please specify):

11. What is the main activity of the employer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. How many employees are based in the Cayman Islands? \_\_\_\_\_

**PART 3**

**THE ADMINISTRATOR**

13. Name of the Administrator: \_\_\_\_\_

14. Postal Address of the Administrator: \_\_\_\_\_  
\_\_\_\_\_

15. Telephone number of Administrator: \_\_\_\_\_

16. The Administrator must be either (Please delete those not applicable):-

- a) an employer or
- b) a pension committee or
- c) an approved provider or
- d) a trustee or board of trustees or
- e) a trust corporation or
- f) a board, agency or commission made responsible by an act of the legislature for the administration of the pension plan

17. If the administrator is a pension committee, board of trustees or a board agency or commission, please attach to this form the name and mailing address of each member. Please state here who is authorized to sign on behalf of the Administrator:

\_\_\_\_\_

18. If the Administrator is a corporate body, please state name and address of the Secretary or name and address for correspondence.

\_\_\_\_\_

\_\_\_\_\_

19. If the Administrator is a pension committee, please provide details of the number of members whom are representatives of:

(a) the employer or employers or any person required to make contributions under the pension plan on behalf of an employer,

\_\_\_\_\_

(b) the members of the pension plan,

\_\_\_\_\_

**PART 4**

**PENSION PROVIDER/FUND MANAGER**

20. Please state the name of the pension fund and the name, location and postal address of the custodian, provider or manager of the pension fund:

Fund Name: \_\_\_\_\_

Custodian/Provider/Manager: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Please state the name, location and postal address of any investment advisor or investment manager of the pension plan.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Please state the name, location and postal address of the actuary for the pension plan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART 5

### REGISTRATION FEE

23. Please enter the number of members at the start date of the plan: \_\_\_\_\_

“Member” in relation to a pension plan means a person who is or may be entitled to a benefit or to a refund of the person’s contributions under the pension plan as a result of that person’s employment or self-employment.

24. Please enter the amount of the registration fee payable for the plan: \_\_\_\_\_  
The fee is \$20.00 per member (subject to a minimum fee of CI\$250.)  
\_\_\_\_\_

25. This application form must be accompanied by:

- (a) The prescribed fee;
- (b) Two certified copies of the document\* constituting the pension plan and relevant pension fund;
- (c) A certified copy of any transfer agreement related to the pension plan;
- (d) A certified copy of the explanation and any information provided by the administrator to each person who is eligible or is required to become a member in accordance with the Law.
- (e) Certified copy of the trust agreements; and
- (f) A list of the names and addresses as indicated in Part I item 4, Part II item 9 and Part III item 17 and any other information and particulars required under the preceding paragraphs of this form.
- (g) The declaration and certificate contained in Part 6, Part 7 and Part 8 duly signed.
- (h) Details on the plan’s chosen performance benchmark

The CI National Pensions Office will not set up the required registration file or start the process of registration until all of the information required in accordance with the Law has been received by that office. The date of application will be the date on which the last item of information, signed declaration or signed certificate is received.

\*Please refer to guidance notes attached.

**PART 6**

**DECLARATION**

I apply for initial registration/renewal of registration\* of the pension plan identified in this application form as required by the Law.

I declare that I have the authority to submit this application and that the information entered on this form and the documents attached to it are, to the best of my knowledge and belief, true and correct.

This pension plan started on \_\_\_\_\_. This declaration is in respect of the initial registration on that date \*/renewal of registration from the \_\_\_\_\_.

Changes made to the previous details provided are highlighted.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

Position (in relation to pension plan) \_\_\_\_\_

\_\_\_\_\_  
Date

\*Please delete as applicable

**PART 7**

**DECLARATION BY ADMINSTRATOR**

I hereby confirm that as the Administrator (as defined by the Law) of the pension plan identified in the application form that this pension plan will be/has been\* administered in accordance with the Law and the prescribed documents filed with the CI National Pensions Office. I also confirm that amendments to this pension plan will be/have been\* made in accordance with the Law and with the documents filed with the CI National Pensions Office.

The audited accounts for the relevant year will be available by \_\_\_\_\_ and copies submitted to the CI National Pensions Office within the period stipulated in the Law.

The next actuarial review will be available by \_\_\_\_\_ and copies submitted to the CI National Pensions Office in accordance with the Law.

\_\_\_\_\_  
Administrator  
(Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Please delete as applicable

**NOTES:**

1. The audited accounts for the pension plan must be available within six months of the end of the financial year of the pension plan.
2. Every plan must have an actuarial valuation or review every 3 years if defined benefits are promised or every 5 years if benefits are derived from defined contributions.

**PART 8**

**DECLARATION AND CERTIFICATE BY EMPLOYER (NEW PLAN)**

I confirm that each employee in my employ was provided with notice of the intention to set up the pension plan identified in this application. A copy of the notice is attached. I certify that this was the notice issued and I confirm that each employee was given full details of the options available to him or her.

I certify that employees were polled

- \* (i) in a meeting held on \_\_\_\_\_ at which a vote was taken;
- \* (ii) by issue of a voting form by registered post with a specified minimum time limit of 14 days from the date of posting for its return;

and that a majority of employees were in favour of the proposed plan.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

For and on behalf of \_\_\_\_\_  
(Please print name of Employer)

\_\_\_\_\_  
Date

\*Please delete as applicable

**NOTE:**

Employees are entitled by law to be given details of the outcome of the vote. If the vote resulted in a tie, the employer can exercise a casting vote after he has obtained the written consent of the Superintendent of Pensions.