

RETIREMENT SAVINGS VEHICLE FOR EUROPEAN RESEARCH INSTITUTIONS (RESAVER PENSION FUND)

AN ORGANISATION FOR THE FINANCING OF PENSIONS (OFP)

APPLICATION FOR MEMBERSHIP FORM

(RPFMA-01)

INTRODUCTION

If you wish to apply to become a Member of the **RESAVER** Pension Fund please complete this form in full, entering N/A where sections are not applicable.

The admission of Members is subject to approval by the General Assembly and will, in general, be actioned at one of the General Assembly's regular annual meetings.

In order to apply to be a Member of the **RESAVER** Pension Fund you must already be an Associate or Founding Member of the **RESAVER** Consortium. If your application to join the **RESAVER** Pension Fund is successful you will then become a Full Member of the **RESAVER** Consortium.

This form contains the following sections:

- **Section 1** - Details of applicant
- **Section 2** - Selection of Member Options
- **Section 3** - Declaration

SUBMISSION OF APPLICATION

Once completed, please return a scanned copy of this form to the Chairman of the Board of Directors of the **RESAVER** Pension Fund via resaver@aonhewitt.com or post to:

For the attention of Gabriella Kemeny
RESAVER Pension Fund
Rue De Pascale 22
1040 - Brussels
Belgium

NEXT STEPS

Once the Boards of the **RESAVER** Pension Fund and the Consortium have approved your Application Form you will be invited to attend a meeting of the General Assembly to sign the Act of Accession for your organisation.

You will be provided with a copy of the Act of Accession, the Plan Rules and Financing Plan (revised based on the preferences you have stated within this form) in advance of this meeting.

On signing the Act of Accession at the meeting of the General Assembly your membership of the **RESAVER** Pension Fund will be formalised.

SECTION 1 - DETAILS OF APPLICANT

Membership of the **RESAVER** Pension Fund is granted to organisations with either public or private law status.

COMPANY INFORMATION

LEGAL ENTITY NUMBER: **1**

Company name:

If you are applying on behalf of a group of organisations please provide the names of the other legal entities included in your application**.

ADDITIONAL ORGANISATIONS

LEGAL ENTITY NUMBER: **2**

Company name:

If you are representing more than four organisations, please complete the *Additional Information Form (RPFMA-02)*, which can be downloaded from the **RESAVER** website at www.resaver.eu/pdfs/eur.rpfma-02.pdf.

Please complete as necessary and return with this main application form (**RPFMA-01**).

* Before applying to be a member of the **RESAVER** Pension Fund you must first be an Associate Member (or Founding Member) of the **RESAVER** Consortium.

** It is not necessary for the other legal entities to sign this application form. Their signature will however be needed on the Act of Accession (document that formalises membership of the **RESAVER** Pension Fund).

EXPECTED MEMBERSHIP INFORMATION

For each legal entity included in this application, please confirm the number of employees you expect to enrol in **RESAVER** Pension Fund, as well as the expected total annual employee and employer contribution. Please also indicate if it is likely that there will be a bulk transfer value paid in respect of actives, deferreds and pensioners from any existing pension funds to the **RESAVER** Pension Fund.

These numbers are indicative only.

COMPANY INFORMATION

LEGAL ENTITY NUMBER: **1**

Expected total number of employees: *Mobile:* *Non-mobile:*

Total expected annual employee contribution: *Currency:* *Amount:*

Total expected annual employer contribution: *Currency:* *Amount:*

ADDITIONAL ORGANISATIONS

LEGAL ENTITY NUMBER:

2

Expected total number of employees:

Mobile:

Non-mobile:

Total expected annual employee contribution:

Currency:

Amount:

Total expected annual employer contribution:

Currency:

Amount:

If you are representing more than four organisations, please complete the **Additional Information Form (RPFMA-02)** – see page 3 of this form for details.

Is the **RESAVER** Pension Fund being introduced to replace or supplement an existing plan, or is this the first time that you will be setting up a pension fund for your employees? If it is replacing an existing plan please complete the following:

LEGAL ENTITY NUMBER:

1

Replacing or supplementing an existing plan?

☐

Replacing

☐

Supplementing

Bulk transfer expected?

☐

Yes

☐

No

Bulk transfer – expected number of members:

Actives:

Deferreds:

Pensioners:

Bulk transfer expected transfer amount (if applicable):

Currency:

Actives:

Deferreds:

Pensioners:

ADDITIONAL ORGANISATIONS

LEGAL ENTITY NUMBER:

2

Replacing or supplementing an existing plan?

☐

Replacing

☐

Supplementing

Bulk transfer expected?

☐

Yes

☐

No

Bulk transfer – expected number of members:

Actives:

Deferreds:

Pensioners:

Bulk transfer – expected transfer amount (if applicable):

Currency:

Actives:

Deferreds:

Pensioners:

If the new plan needs to be aligned with the existing plan, please include a summary of aspects that you wish to keep the same.

SUMMARY OF EXISTING PLAN (IF NEEDED)

The Member is represented by one or two people acting as permanent representatives who are qualified to represent a Member in accordance with the applicable legal provisions. A condition of group membership is that all organisations within the group have the same representative. This representative must be from the main applicant (legal entity number 1 in this form).

- Members that are subject to joint management or co-decision procedures with respect to pensions in accordance with the applicable social and labour legislation of their country of registered office, are represented by two people, one representing the employer and one representing the employees.
- Members that are not subject to joint management or co-decision procedures with respect to pensions are represented by one or two people, at the discretion of the employer, and who will be appointed by the employer.

Organisation subject to joint management or co-decision procedures with respect to pension issues?

☐ Yes ☐ No

REPRESENTATIVE 1

Full name:

Position at company:

Signature:

Employer / Employee representative (delete as applicable)

REPRESENTATIVE 2

Full name:

Position at company:

Signature:

Employer / Employee representative (delete as applicable)

PAYROLL CONTACT DETAILS:

Please provide the contact details of the main contact within your payroll department for each legal entity. This information will be shared with the Member Service Centre (MSC).

LEGAL ENTITY NUMBER:

1

Name:

Telephone number:

Email address:

Address:

ADDITIONAL ORGANISATIONS

LEGAL ENTITY NUMBER:

2

Name:

Telephone number:

Email address:

Address:

Note that all changes to contact details should be communicated to resaver@aonhewitt.com.

SECTION 2 – PLAN RULES , SELECTION OF MEMBER OPTIONS

The Plan Rules set out how benefits are defined in the **RESAVER** Pension Fund.

- **Level 1:** General Terms of the Pension Plan describing the regulations applicable to all Individuals;
- **Level 2:** Country-Specific Terms, describing the requirements according to the relevant Social and Labour Law applicable to Individuals from the applicable country;
- **Level 3:** Employer-Specific Terms with specific regulations for Individuals of a Member.

In this section of the Application Form you are asked to specify the Level 3: Employer-Specific Terms. Please read this section of the form in conjunction with the Pension Rules appropriate for your country.

ELIGIBILITY

☐ All employees

☐ Other, please describe:

AFFILIATION

☐ Compulsory

☐ Voluntary

☐ Immediate, from date of eligibility

☐ Other, please describe:

VESTING

☐ Immediate

☐ Other, please describe:

PENSIONABLE SALARY

☐ Gross annual salary on a full-time basis as at 1 January each year

☐ Other, please describe:

PENSION CEILING

☐ Not applicable

☐ Other, please describe:

CONTRIBUTION FREQUENCY☐ Monthly☐ Other, please describe:**EMPLOYER**☐ Flat rate of _____ % of Pensionable Salary up to the Pension Ceiling and
_____ % of Pensionable Salary in excess of the Pension Ceiling☐ Other, please describe:**EMPLOYEE CONTRIBUTION**☐ Flat rate of _____ % of Pensionable Salary up to the Pension Ceiling and
_____ % of Pensionable Salary in excess of the Pension Ceiling☐ Other, please describe:**ADDITIONAL EMPLOYER CONTRIBUTION RATE**☐ Please describe:**ADDITIONAL EMPLOYEE CONTRIBUTION RATE**☐ Please describe:

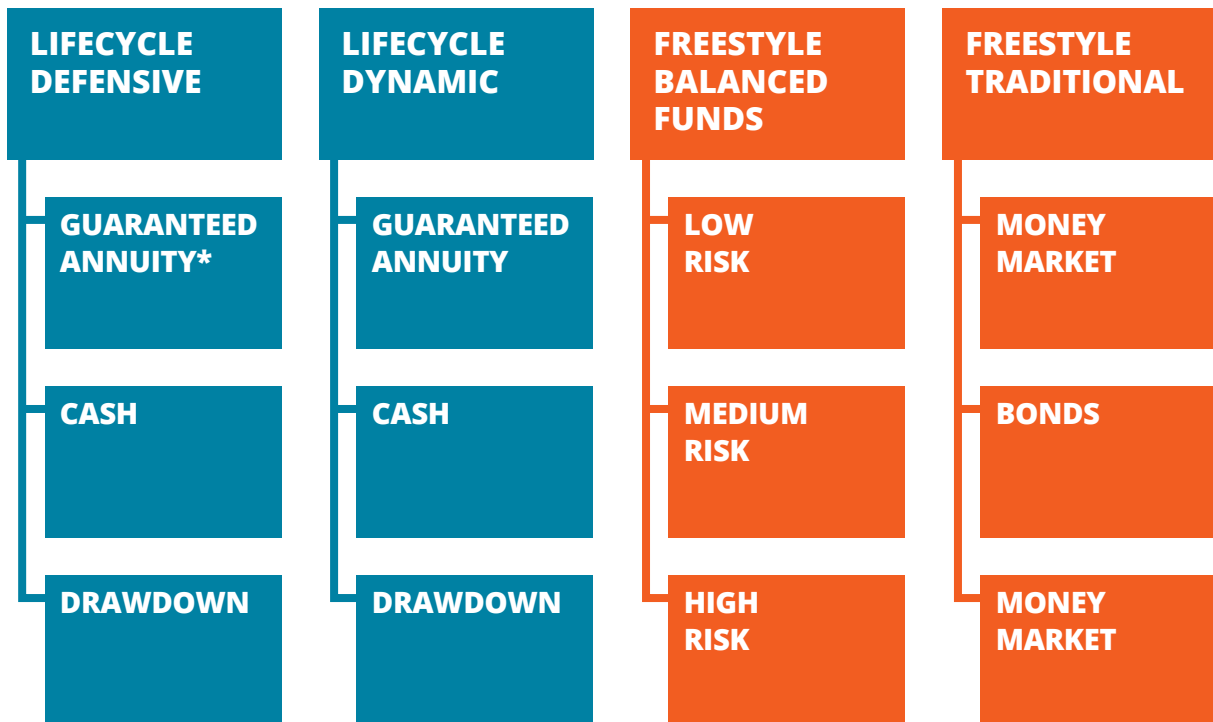
INVESTMENT CHOICES

DEFAULT INVESTMENT CHOICE:

Defensive lifecycle designed to balance the need for capital growth with a controlling investment risk at each stage of the retirement journey.

OTHER INVESTMENT CHOICES:

Freestyle investment section includes a wide range of funds from pure, traditional funds to balanced/blended funds.



* This is the default investment option.

CONTRIBUTION EXPENSES

% to be paid by Employee *

% to be paid by Employer *

* Must total 100%

Employee contribution expense to be deducted from employee contribution?

☐ Yes ☐ No *(alternative is that it is paid in addition)*

Employer contribution expense to be deducted from employer contribution?

☐ Yes ☐ No *(alternative is that it is paid in addition)*

RETIREMENT AGE☐ State Pension Age☐ Other, please describe:**EARLY RETIREMENT AGE**☐ Not earlier than State Pension Age☐ Other, please describe:**LATE RETIREMENT AGE**☐ Not later than State Pension Age☐ Other, please describe:**MAXIMUM RETIREMENT BENEFIT**☐ Not applicable☐ Other, please describe:**PAYMENT FORM (RETIREMENT BENEFIT)**☐ Lump Sum only☐ Pension only☐ Other, please describe:**BASIC DEATH-IN-SERVICE BENEFIT**☐ Equal to fund value built up☐ Other, please describe:**MINIMUM DEATH-IN-SERVICE BENEFIT**☐ None☐ Other, please describe:

PAYMENT FORM (DEATH-IN-SERVICE BENEFIT)

☐ Lump Sum

☐ Other, please describe:

DISABILITY BENEFIT

☐ None

☐ Other, please describe:

PAYMENT FORM (DISABILITY BENEFIT)

☐ Lump sum

☐ Other, please describe:

PREMIUM WAIVER

☐ None

☐ Other, please describe:

COMMENTS:

☐ **RESAVER** Insurance can be made available for individuals in your organisation without employment contracts. If you would like to consider including this in your offering please indicate by ticking this box and we will be in touch.

SECTION 3 - DECLARATION

We hereby apply to become a Member of the **RESAVER** Pension Fund, established as an Organisation for the Financing of Pensions under Belgian law on 14 July 2016. We confirm to have received a copy of the following documents of the **RESAVER** Pension Fund:

PLAN DOCUMENTS:

- Act of Accession (general template)
- Bylaws
- Financing Plan
- Statement of Investment Principles
- Pension Plan rules (general template)

GOVERNANCE DOCUMENTS:

- Compliance Officer Charter
- Charter of Internal Auditor
- Charter of Appointed Actuary
- Integrity Policy
- Internal Control Memorandum
- Business Continuity Policy
- Outsourcing Policy
- Complaint procedure
- Code of conduct
- Policy on internal and external communication

CONTRIBUTIONS:

Ideally, we would like first contributions to be paid on the first day of the month in:

- ☐ 2-3 months
- ☐ 3-6 months
- ☐ 6-12 months
- ☐ 1 year +

AUTHORISATION

Full name:

Signature:

Date:

TO BE COMPLETED BY THE RESAVER PENSION FUND ON APPROVAL OF APPLICATION

Date of entry into the **RESAVER** Pension Fund:

RESAVER Pension Fund Membership number: