

SECTION 1 - DETAILS OF APPLICANT (CONTINUED)

CONTINUED FROM APPLICATION FOR MEMBERSHIP FORM (RPFMA-01)

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: [No. ?]

Company name:

LEGAL ENTITY NUMBER: [No. ?]

Company name:

LEGAL ENTITY NUMBER: [No. ?]

Company name:

LEGAL ENTITY NUMBER: [No. ?]

Company name:

If you are representing more than six organisations, please complete a second copy of the *Additional Information Form (RPFMA-02)*, which can be downloaded from the **RESAVER** website at www.resaver.eu/pdf/eur-resaver-pension-fund-application-form-additions-rpfma02_20190114.pdf

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

**APPLICATION
FOR MEMBERSHIP FORM
ADDITIONAL INFORMATION**

(RPFMA-02)

EXPECTED MEMBERSHIP INFORMATION

For each legal entity included in this application, please confirm the expected number of employees that 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.

ADDITIONAL ORGANISATIONS

LEGAL ENTITY NUMBER:

[No. ?]

Expected total number of employees:

Mobile:

Non-mobile:

Total expected annual employee contribution:

Currency:

Amount:

Total expected annual employer contribution:

Currency:

Amount:

LEGAL ENTITY NUMBER:

[No. ?]

Expected total number of employees:

Mobile:

Non-mobile:

Total expected annual employee contribution:

Currency:

Amount:

Total expected annual employer contribution:

Currency:

Amount:

LEGAL ENTITY NUMBER:

[No. ?]

Expected total number of employees:

Mobile:

Non-mobile:

Total expected annual employee contribution:

Currency:

Amount:

Total expected annual employer contribution:

Currency:

Amount:

LEGAL ENTITY NUMBER:

[No. ?]

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 six organisations, please complete the **Additional Information Form (RPFMA-02)** – see page 1 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 fields on page 3.

ADDITIONAL ORGANISATIONS

LEGAL ENTITY NUMBER: [No. ?]

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:

LEGAL ENTITY NUMBER: [No. ?]

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:

LEGAL ENTITY NUMBER: [No. ?]

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:

LEGAL ENTITY NUMBER: [No. ?]

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 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).

ADDITIONAL ORGANISATIONS

LEGAL ENTITY NUMBER: [No. ?]

Name:

Telephone number: Email address:

Address:

LEGAL ENTITY NUMBER: [No. ?]

Name:

Telephone number: Email address:

Address:

LEGAL ENTITY NUMBER: [No. ?]

Name:

Telephone number: Email address:

Address:

LEGAL ENTITY NUMBER: [No. ?]

Name:

Telephone number: Email address:

Address:

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

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