

## 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/pdfs/eur.rpfma-02.pdf](http://www.resaver.eu/pdfs/eur.rpfma-02.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 [resaver@aonhewitt.com](mailto:resaver@aonhewitt.com).

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