RETIREMENT SAVINGS VEHICLE FOR EUROPEAN RESEARCH INSTITUTIONS

RESAVER PENSION FUND

AN ORGANISATION FOR THE FINANCING OF PENSIONS (OFP)

APPLICATION FORM

FOR MEMBERSHIP

(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 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 Chair of the Board of Directors of the RESAVER Pension Fund via contact@resaver.eu or post to:

For the attention of Mark Kiss
RESAVER Pension Fund
Boulevard de l'Empereur 10
1000 - 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 two organisations, please complete the Additional Information Form (RPFMA-02) and return it with this main application form (RPFMA-01). The Additional Information Form can be downloaded from the RESAVER website:

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

<table>
<thead>
<tr>
<th>LEGAL ENTITY NUMBER:</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected total number of employees</td>
<td>Mobile:</td>
</tr>
<tr>
<td>Total expected annual employee contribution</td>
<td>Currency:</td>
</tr>
<tr>
<td>Total expected annual employer contribution</td>
<td>Currency:</td>
</tr>
</tbody>
</table>

ADDITIONAL ORGANISATIONS

<table>
<thead>
<tr>
<th>LEGAL ENTITY NUMBER:</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

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 the first time, please leave this section of the form blank.

COMPANY INFORMATION

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 ORGANIZATIONS

LEGAL ENTITY NUMBER: 2

Replacing or supplementing an existing plan?

Bulk transfer expected?

Bulk transfer – expected number of members

Actives:  □  Deferreds:  □  Pensioners:  □

Bulk transfer expected transfer amount (if applicable)

Currency:  □  Actives:  □  Deferreds:  □  Pensioners:  □

If you are representing more than two organisations, please complete the Additional Information Form (RPFMA-02) – see page 3 of this form for details.
CHARACTERISTICS OF THE EXISTING PENSION PLAN

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

Summary of the existing pension plan (if needed)
REPRESENTATIVES and CONTACTS

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).

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

Yes ☐ No ☐

- 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.

REPRESENTATIVE 1

Full name:

Position at company:

Representative of the employer ☐ Representative of the employees ☐

Signature:

REPRESENTATIVE 2

Full name:

Position at company:

Representative of the employer ☐ Representative of the employees ☐

Signature:
PAYROLL CONTACT DETAILS
Please provide 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:
Position at company:
Telephone number:
Email address:

LEGAL ENTITY NUMBER: 2

Name:
Position at company:
Telephone number:
Email address:

If you are representing more than two organisations, please complete the Additional Information Form (RPFMA-02) – see page 3 of this form for details.
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 you are asked to specify Level 3 (Employer Specific Terms). Please read this section of the form in conjunction with the Pension Rules appropriate for your country as there might be restrictions applicable.

**ELIGIBILITY**

- ☐ All employees
- ☐ Other, please describe:

**AFFILIATION**

- ☐ Compulsory
- ☐ Voluntary

**VESTING**

- ☐ Immediate
- ☐ Other, please describe:

**PENSIONABLE SALARY**

- ☐ Gross annual salary on a full-time basis as at 1 January each year
- ☐ Other, please describe:

**PENSIONABLE SALARY CEILING**

- ☐ Not applicable
- ☐ Applicable, please describe:
REGULAR EMPLOYER CONTRIBUTION

☐ Flat rate of x % of Pensionable Salary up to the Pension Ceiling
   x % of Pensionable Salary in excess of the Pension Ceiling
   x % of Pensionable Salary (if no Pension Ceiling)

☐ Other, please describe:

EMPLOYER CONTRIBUTION CONDITIONAL ON EMPLOYEE CONTRIBUTION

☐ No

☐ Yes, please describe:

ADDITIONAL EMPLOYER CONTRIBUTION

☐ No

☐ Yes, please describe:

REGULAR EMPLOYEE CONTRIBUTION

☐ Flat rate of x % of Pensionable Salary up to the Pension Ceiling
   x % of Pensionable Salary in excess of the Pension Ceiling
   x % of Pensionable Salary (if no Pension Ceiling)

☐ Other, please describe:

EMPLOYEE CONTRIBUTION CONDITIONAL ON EMPLOYER CONTRIBUTION

☐ No

☐ Yes, please describe:

ADDITIONAL EMPLOYEE CONTRIBUTION

☐ No

☐ Yes, please describe:
INVESTMENT CHOICES

Employees can choose from a wide range of investment options or a combination of those as they see fit for their risk appetite. The range of available investment options is selected by the employer (subject to Social and Labour Law).

Life style investment strategies are available within RESAVER which allow the participants to diversify their pension savings towards different asset classes at different phases of their lives and career. For example, more equities at the start of a career and more bonds closer to retirement.

Default investment option

The default investment option in RESAVER Pension Fund is the Defensive lifecycle (or life style) which is designed to balance the need for capital growth while controlling investment risk at each stage of the journey to retirement.

Other investment choices

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

A summary of the available investment options is below (with the payment form underneath each option).

Please specify the default investment option for your plan:
MEMBERSHIP FEE (€50 p.a. per participant – minimum €500, maximum €5,000 p.a.)

100% to be paid by Employer
0% to be paid by Employee

Membership fee to be deducted from employer contribution?
☐ No, paid on top
☐ Yes

MEMBER FEE (€33 p.a. per participant)

100% to be paid by Employer
0% to be paid by Employee

Employer share of member fee to be deducted from employer contribution?
☐ No, paid on top
☐ Yes

Employee share to be deducted from employee contribution?
☐ No, paid on top
☐ Yes

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 (Variable Annuity, Guaranteed Annuity)
☐ Other, please describe:

DEATH-IN-SERVICE BENEFIT

☐ Equal to accumulated fund value
☐ On top of accumulated fund value, 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 (Insured benefit, contributions will continue to be paid in the event of employees being unable to work due to long term incapacity.)

- None
- Other, please describe:

COMMENTS

Please add comments if relevant
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:

<table>
<thead>
<tr>
<th>PLAN DOCUMENTS</th>
<th>GOVERNANCE DOCUMENTS</th>
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<tr>
<td>Act of Accession (general template)</td>
<td>Business Continuity Policy</td>
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<td>Charter of the Actuary</td>
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<tr>
<td>Financing Plan</td>
<td>Charter of Internal Auditor</td>
</tr>
<tr>
<td>Statement of Investment Principles</td>
<td>Code of Conduct</td>
</tr>
<tr>
<td>Pension Plan rules (general template)</td>
<td>Complaints Procedure</td>
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TARGET DATE FOR LIVE OPERATIONS

Ideally, we would like the 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: