

APPOINTMENT OF ACTUARIES PURSUANT TO SECTION 12 OF THE PENSIONS (SUPERANNUATION FUNDS AND RETIREMENT SCHEMES) ACT

Pensions Actuaries - Confirmation of Qualifications and Experience (To be completed by each person authorized to sign the Actuarial Valuation Report of an approved superannuation fund or approved retirement scheme) 1 Full Name: 2 Firm: 3 **Actuarial Associations:** 4 Actuarial Designation(s) and year(s) attained: 5 Please state the number of clients over the past two years 6 How many of these clients are superannuation funds or retirement schemes? 7 Approximately what percentage of your work over the past 2 years has been with superannuation funds or retirement schemes? 8 Of your work over the past 2 years with superannuation funds and retirement schemes, please state approximately what percentage of this work has been: funding valuations winding-up valuations % benefit calculations % % administration other (please describe): %

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9	Did you qualify as an actuary by completing a specialized track in retirement/pensions?	Yes □ No □
10	How many years of experience do you have working in a responsible capacity with superannuation funds and retirement schemes? (This number of years need not be continuous.)	Years
11	Pursuant to section 2 of the Pensions (Superannuation Funds and Retirement Schemes) Act are you a related party to any of the pension plans to which professional services are provided?	Yes □ No □
DECLARATION		
I declare that, to my best knowledge and belief, the above information is complete and correct, and that I have appropriate qualifications and experience to offer actuarial and other professional services to superannuation funds and retirement schemes that are or will be approved under the Pensions (Superannuation Funds and Retirement Schemes) Act of Jamaica Signature: Date:		
Date:		