

THE PENSIONS (SUPERANNUATION FUNDS AND RETIREMENT SCHEMES) ACT, 2004

THE PENSIONS (SUPERANNUATION FUNDS and RETIREMENT SCHEMES) (Registration, Licensing and Reporting) Regulations, 2006

ADMINISTRATOR'S RETURN - FSC 50

	ADMINISTRATOR		
	IDENTIFICATION AND DETAILS		
(a)	Name of Administrator:		
(b)	FSC Licence No.:		
(c)	End of Period:		
(d)	Period Under Review		
	From:		
	То:		
	No. of Months:		
	Responsible Officer:		
(d)	Name:	FSC No.:	
(e)	Telephone No.:		
(f)	E-mail:		
1			

CONTENTS

50.10 Fund/Scheme Information

50.20 Interrogatories for Administrators

<u>50.30</u> Responsible Officer's Certification

FSC Licence No.	End of period

FUND/SCHEME INFORMATION FSC 50.10

	Superannuation Fund/ Retirement Scheme	FSC	Fund/Scheme	Type of	Fund/	Date	of Termination or	Transfer *	Number	Number of
	Name	Registration	Year End	Fund/Scheme	Scheme	Termination	Transfer	Transfer To	of	Pensioners
		Number			Status			(FSC Registration #)	Active Members	Paid direct from the Fund/Scheme
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)
(001)										
(002)										
(003)										
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(006)										
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(026)										
(027)										
(028)										
(029)										
(030)										
(031)										
	Total									

	Total No. of Plans	Total No. of	Total No. of Pensioners Paid Direct from Fund/Scheme
As at 31 March 20			
As at 31 December 20			

^{*} Date of terminated or transfer of funds/schemes which were terminated/transferred in the current period

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FSC Licence No.	
FSC Licence No.	

INTERROGATORIES FOR ADMINISTRATORS FSC 50.20

(If the answer to any question is "yes", written details respecting that question must be attached to this report)

				—. —
(001)	Has there been any change in corporate	e structure?		Yes No
(002)	Pursuant to Regulation 17 of the Registration of the fund/scheme which have	rs contained in th	e application for	Yes No
(003)	Are there adequate systems and contro	ls in place:		
	(i) to ensure that members' benefits are Trust Deed, Plan Rules and other const	_		Yes No
	(ii) to identify, monitor and manage risk	, in all its forms, fo	or pension plans?	Yes No
	(iii) to obtain, update, maintain and sec	ure members' rec	ords?	Yes No
	(iv) to supply accurate and complete da auditor of the various funds/schemes with the requirements of the fund/sch	in sufficient time	•	Yes No
(004)	Describe the process undertaken in arriv	ving at the opinion	ns expressed in (003).	
(00.7)				
(005)	For the category of members specified to provided to the trustees within the prescription.	-		ow not
(005)	For the category of members specified by provided to the trustees within the presonant control of the category of members and the category of members are category.	-		ow not Yes No
(005)	provided to the trustees within the presc	ribed time for the	period under review? INFORMATION	
(i)	provided to the trustees within the presonant CATEGORY Active Members; Deferred vested members	cribed time for the	period under review ? INFORMATION Benefit Statement	Yes No
(i) (ii)	category Active Members; Deferred vested members (Retirement Scheme only	cribed time for the	period under review ? INFORMATION Benefit Statement Information Folder	Yes No
(i) (ii) (iii)	CATEGORY Active Members; Deferred vested members (Retirement Scheme only Members whose status changed	cribed time for the	period under review ? INFORMATION Benefit Statement Information Folder Benefit Statement	Yes No
(i) (ii)	category Active Members; Deferred vested members (Retirement Scheme only	cribed time for the	period under review ? INFORMATION Benefit Statement Information Folder	Yes No
(i) (ii) (iii) (iv) (v)	category Active Members; Deferred vested members (Retirement Scheme only Members whose status changed Participants on request	eribed time for the oers (on request) y)	INFORMATION Benefit Statement Information Folder Benefit Statement Annual Report Handbook	Yes No (001 002)
(i) (ii) (iii) (iv) (v)	CATEGORY Active Members; Deferred vested members (Retirement Scheme only Members whose status changed Participants on request New Members	eribed time for the overs (on request) y) of covered person	INFORMATION Benefit Statement Information Folder Benefit Statement Annual Report Handbook	Yes No (001 002)
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(i) (ii) (iv) (v) (006)	CATEGORY Active Members; Deferred vested members (Retirement Scheme only Members whose status changed Participants on request New Members Have there been any changes to the list of the status of of the	pers (on request) y) of covered personat below: Position	INFORMATION Benefit Statement Information Folder Benefit Statement Annual Report Handbook ons as submitted at registrat Number of Shares Held there any superannuation f	Yes No (001 002) ion? Percentage of Shares
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FSC Licence No.	End of period

RESPONSIBLE OFFICER'S

CERTIFICATION
FSC 50.30
I hereby certify that, to the best of my knowledge and belief, the information entered in this form:
(a) is true, correct and complete,
(b) complies with the provisions of the Pensions (Superannuation Funds and
Retirement Schemes) Act, 2004 and Regulations thereunder.
RESPONSIBLE OFFICER
Cignoture
Signature :
Name :
Title/Position :
Date :