

ATTESTATION FORM FOR TRUSTEES OF SCHEME FOR 2021 OPERATIONAL LICENCE RENEWAL

INSTRUCTIONS: *The following compliance checks are to be completed and signed off by the Board Chairperson and an Independent Trustee. Where Independent Trustee is Chairperson, a Member/Member Nominated Trustee shall endorse 2nd column. The completed form should be submitted with the Individual Trustee Application Documents with respect to the named Scheme.*

Scheme Name:

Scheme ID:

NO	COMPLIANCE CHECKS	N/A	YES	NO	DETAILS
1.	Were there any events of significant nature that affected the scheme or changes to the scheme documentation (i.e. Scheme Rules and Trust Deed, Service Providers etc.) in the immediate past financial year?				
2.	If there were any events of significant nature or changes, was the Authority notified of these events or changes?				
3.	Have the Scheme Asset Based Fees due the Authority been paid for the period 1st January - 31st December 2020?				
4.	Is your scheme's Statement of Investment Policy (SIP) based on the revised NPRA Guidelines on Investment of Pension Funds (gazetted on February 27, 2017 and operationalized on April 2017)?				
5.	Did you submit all required periodic scheme reports to the Authority as at March 31, 2021?				
6.	Did all individual trustees of your scheme renew their operational licence for 2020?				
7.	Have you attached evidence of contribution payment(s) for licence renewal for all the trustees of your scheme for 2021 licence?				
8.	Has the Audited Report for the relevant Scheme for the immediate past financial year been submitted to the Authority?				
9.	Have you submitted the Scheme Data to the Authority in accordance with Regulations 58 and 97 as at March 31, 2021				

BOARD OF TRUSTEES

NO.	NAME OF TRUSTEE	POSITION(S) Chairperson/ Member/Independent	DATE OF APPOINTMENT (DD/MM/YYYY)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

ENDORSEMENT

	CHAIRPERSON	INDEPENDENT TRUSTEE/MEMBER/MEMBER NOMINATED TRUSTEE
FULL NAME		
CONTACT NO.		
EMAIL ADDRESS		
SIGNATURE		

OFFICIAL USE ONLY

DATE OF SUBMISSION:

PERSONNEL IN-CHARGE:

SUBMITTED BY:

COMMENT: