



**Application Form to Join GMPF
under Schedule 2 Part 3 1 (a)
(formerly known as Community Admission Bodies)**

**AF4
Version 4**

PART A – To be completed by the prospective admission body

Please use BLACK INK ONLY

1. Information about the admission body

Please fill in this part in all cases

1.1 Name:

1.2 Company type: Trust / Charity
 Limited Company, with liability limited by shares
 Limited Company, with liability limited by guarantee

1.3 Registration of body: Companies House
 Charity Commission
 FSA

1.4 Company / charity registration no.:

1.5 The full postal address:

1.6 General e-mail address:

2. Contact details for the person making this application

Please fill in this part in all cases

2.1 Contact name:

2.2 Job title:

2.3 E-mail address:

2.4 Telephone number:

3. Information about the admission body's pension function

Please fill in this part in all cases

3.1 Please state who will be carrying out the pension function if admission is agreed and provide a contact name, e-mail address and telephone number if different to those details given in section 2 above:

- The admission body
 A local authority pensions section
 Other

Contact name:
E-mail address:
Telephone no.:

3.2 Please tick here to confirm that you understand that as an employer, the organisation and the main pension administrator will be required to adhere to the LGPS Regulations and GMPF procedures including the Pension Administration Strategy.

3.3 If the main administrator named in 3.1 is not the admission body, do you authorise that third party to have access to the employee's pension records held by GMPF? Yes No

4. Accounting information

Please fill in this part in all cases

4.1 Does the admission body have to show pension costs in its accounts using FRS102, IAS19 or other financial reporting standard?

FRS102 IAS 19

Other _____

4.2 On what date does the admission body's accounting year end?

___ / ___ / ___

PART B – To be completed by the admission body AND the guarantor

5. Eligibility for admission

Please fill in this part in all cases

5.1 Please confirm below how you meet the definition of Schedule 2 Part 3 1 (a) of the LGPS Regulations 2013 which states that you are a body which provides a public service in the United Kingdom which operates otherwise than for the purposes of gain and has sufficient links with a Scheme employer for the body and Scheme employer to be regarded as having a community of interest (whether because the operations of the body are dependent on the operations of the Scheme employer or otherwise)

5.2 Who is the guarantor?

5.3 Please confirm that the guarantor is willing to be party to the admission agreement:

Yes

5.4 If there is a contract, what is the contract period?

Start date

End date

5.5 Who are the parties to the contract?

5.6 On what date will the contract be signed?

5.7 Please provide a brief description of the services to be provided:

6. Pension costs and agreements made

Please fill in this part in all cases

6.1 What agreements have been made regarding pension costs?

(i) *The admission body is to be pooled with the guarantor and will pay the pool contribution rate. On termination of the contract, all assets and liabilities will revert to the guarantor who will make good any shortfall:*

(ii) *The admission body is to be pooled with the guarantor but will pay a flat rate of contribution to the guarantor who will make up any shortfall in order to pay the pool contribution rate. On termination of the contract, all assets and liabilities will revert to the guarantor who will make good any shortfall:*

(iii) *The admission body is to be a 'stand alone' (non-pooled) employer and will pay an individual employer contribution rate as assessed by the Fund's actuary. On termination of the contract, the*

admission body must make good any funding shortfall in order to ensure the liabilities are fully funded on an on-going actuarial basis:

(iv) Other – please provide details here:

6.2 If actuarial pooling with the guarantor has been agreed, have both parties agreed that this is on the basis that any ill health retirement costs are a pool charge and that other retirement costs or costs of augmentation are charged to the admission body?

Yes

No

If 'No', please give details of the basis of pooling agreed:

6.3 Please confirm the agreement type (see notes):

Open

Closed

Open - but restricted

7. Transfer Information

Please fill in this part in all cases

7.1 Will employees transfer to the admission body from the guarantor?

Yes, from the guarantor

No

7.2 If no, will employees transfer from another employer? If so, please provide details of the other employer(s) involved:

7.3 If employees are transferring from the guarantor, or from another employer where the employees have access to GMPF, please state the funding position that has been agreed between both parties:

Funded assuming all transferring liabilities are fully funded

Other:

If 'other', please provide details here

7.4 If employees are to transfer, does 'TUPE' apply?

Yes

No

7.5 If employees are to transfer automatically to the admission body, please tick to confirm that you have completed the GMPF template spreadsheet with details of these employees in the required format and to confirm that the ceding employer has also checked that this list is correct:

Yes I have included a staff list on the GMPF template in the required format.

8. Risk Assessment

Please fill in this part in all cases

8.1 Please confirm that the admission body has carried out a risk assessment, taking account of actuarial advice, of the level of risk arising on premature termination of the contract by reason of insolvency, winding up or liquidation, and that a copy of this assessment is attached (see notes):

Yes

8.2 Please confirm that the guarantor has reviewed the risk assessment, both parties have agreed the security arrangements to be in place and that details of that agreement are attached:

Yes

9. Signing of the Admission Agreement

Please fill in this part in all cases

9.1 Please state the individual who will be signing the agreement for the prospective admission body:

Name:

Job Title:

9.2 Please state the individual who will be signing the agreement for the Scheme employer:

Name:

Job Title:

9.3 Does your organisation execute legal documents under a company seal?

Yes

No

9.4 Please confirm the date that you wish the admission agreement to be affective from:

10. Declaration and authority

Please fill in this part IN ALL CASES, then return to GMPF

PLEASE NOTE – WE WILL NOT ACCEPT ANY APPLICATION FORMS WHICH HAVE NOT BEEN SIGNED BY THE GUARANTOR

To be completed by the new employer

I confirm that I am the person authorised to make this application on behalf of the employer.

Name:

Signature:

Position:

Employer:

Email:

Tel No.:

Date:

To be completed by the guarantor

I confirm that I have seen this completed application form and have agreed to the decisions stated. I also confirm that I am the person authorised to do this on behalf of the Scheme employer.

Name:

Signature:

Position:

Employer:

Email:

Tel No.:

Date:

Checklist

for application form to join GMPF under Schedule 2 Part 3, 1 (a)

- I have read and understood the booklet entitled '**Guide for Prospective Employers - A guide for employers looking to join the Greater Manchester Pension Fund**'.
- I have read and understood the document entitled '**Application information for prospective admission bodies falling under Schedule 2 Part 3, 1 (a)**'.
- I have completed all of Part A of this application form and the relevant questions in Part B.
- If employees are to transfer to the new admission body from the Scheme employer, I have attached a correct and complete staff transfer list that has also been certified as correct by the former employer.
- Where agreements are needed with the Scheme employer, these have been made and the ceding employer has completed and signed the declaration in section 10.
- I understand that I need to send a scanned copy of the completed form by e-mail to GMPF. Any list of transferring employees sent by e-mail should be encrypted or sent by secure email. If this is not possible a hard copy should be sent by post and we recommend any information sent by post should be sent by special/recorded delivery to protect member data.

Please send your application by e-mail to:

ect@gmpf.org.uk