



**Application Form to Join GMPF  
under Schedule 2 Part 3 1 (d) (i)  
(formerly known as Transferee Admission Bodies)**

**AF3  
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 Scheme employer where relevant**

## 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 (d) of the LGPS Regulations 2013. We expect you to meet Schedule 2 Part 3 1 (d) (i) which states that you are a body that is providing or will provide a service or assets in connection with the exercise of a function of a Scheme employer as a result of the transfer of the service or assets by means of a contract or other arrangement.

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5.2 Who is the Scheme employer?

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

Yes

5.4 What is the period of the contract undertaken?

Start date

End date

5.5 Who are the parties to the contract?

5.6 On what date was the contract signed?

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

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## 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 Scheme employer and will pay the pool contribution rate. On termination of the contract, all assets and liabilities will revert to the Scheme employer who will make good any shortfall:*

(ii) *The admission body is to be pooled with the Scheme employer but will pay a flat rate of contribution to the Scheme employer 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 Scheme employer 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:

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6.2 If actuarial pooling with the Scheme employer 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:

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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 Scheme employer?

Yes, from Scheme employer

No

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

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7.3 If employees are transferring from the Scheme employer, 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

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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 Scheme employer 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

8.3 Should the administering authority decide that the admission body does not need to enter into an indemnity or bond, the admission body must secure a guarantee. Please state who will provide that guarantee:

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## 9. Signing of the Admission Agreement

Please fill in this part in all cases

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

Name:

Job Title:

9.2 Please state the individual who will be signing this 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 effective 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 SCHEME EMPLOYER**

### 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 Scheme employer

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 (d) (i)

- 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 (d) (i)**' .
- I have completed all of Part A of this application form and the relevant questions in Part B.
- I understand that if my form is incomplete it will be returned to me.
- 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](mailto:ect@gmpf.org.uk)