



# Application Form to Join the GMPF - New Scheme Employers

**AF1**  
Version 3

**PART A – To be completed by the prospective employer**

**Please use BLACK INK ONLY**

## 1. Information about the employer

*Please fill in this part in all cases*

- 1.1 Name of the employer:
- 1.2 Company registration number:
- 1.3 The full postal address
- 1.4 General e-mail address
- 1.5 Regulation category that applies
- 1.6 The date from which the new employer will begin to operate / has resolved to join\*
- 1.7 Is there an existing Fund employer involved in this application? Yes  No
- 1.8 If the answer to 1.7 is 'Yes', please give the name of that employer
- 1.9 Are the employees of the new employer currently employed by that existing employer? Yes  No

\* Please enclose a copy of your published admissions policy or a copy of the resolution made to designate employees

## 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 employer's pension function

*Please fill in this part in all cases*

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

- The employer itself*
- 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 employer itself, do you authorise that third party to have access to the employer's pension records held by GMPF?

Yes  No

## 4. Accounting information

Please fill in this part in all cases

4.1 Does the employer 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 employer's accounting year end?

\_\_\_\_/\_\_\_\_/\_\_\_\_

## **PART B – To be completed by the prospective employer AND any ceding employer where relevant**

## 5. Pension costs

Please fill in this part in all cases

5.1 Please state how the employer's pension costs will be managed.

Pooled (see 'other details')

Other details – see notes

Stand alone employer

## 6. Transfer Information / Designated employee information

Please fill in this part in all cases

6.1 Will employees transfer to the employer?

Yes, from previous employer

No (please go to Section 7)

6.2 Does 'TUPE' apply?

Yes  No

6.3 If all the employees of that previous employer are transferring to the new employer (assuming the previous employer is currently a separate employer in the GMPF) will all the current assets and liabilities also transfer?

Yes  No

6.4 If only some employees are transferring from the previous employer, please state the funding position that has been agreed between the new and previous employer.

Fully Funded

Funded in line with the solvency of the previous employer

Funded assuming the liabilities remaining with the previous employer are fully funded

Other

6.5 If employees are to transfer to the new employer, or if employees have been designated as eligible to join, 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 any 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

## 7. Declaration and authority

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

### To be completed by the new Scheme 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 ceding employer (if applicable)

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 my employer.

Name:

Signature:

Position:

Employer:

Email:

Tel No.:

Date:

## Application Form to Join the GMPF for New Scheme Employers – Checklist

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 booklet entitled '**Application information for prospective Scheme employers**'.

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 Scheme employer or if employees have been designated as eligible to join, I have attached a correct and complete staff transfer list that has also been certified as correct by any ceding employer if there is one. If relevant, I have also enclosed a copy of our published admissions policy / resolution made to designate employees to the Fund.

Where agreements are needed with the ceding employer, these have been made and the ceding employer has completed and signed the declaration in section 7.

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)