



FINANCIAL SERVICES
COMMISSION

*Occupational Pension Benefits Act
Cap. 350B*

FORM 4

(Regulation 7(1))

ANNUAL RETURN

(To be completed by the administrator of the pension plan)

Name of Pension Plan _____

Name of administrator _____

Registration number of pension plan _____

Pension Plan Reporting Period

year	month	date

to

year	month	date

Type of Pension Plan

- Single-Employer
- Individual Pension Plan
- Multi-Employer
- Multi-Unit

Type of Benefit

- Defined Benefit
- Defined Contribution
- Combination (e.g Defined Contribution with past service Defined Benefits)

Pension plan administrator – Name and Mailing Address*

Contact		
Title		
Company Name		
Address		
City	Country	
Telephone	Extension	Facsimile
Electronic mail		

Pension plan sponsor – Name and Mailing Address

Name		
Address		
City	Country	
Telephone	Extension	Facsimile
Electronic mail		

Pension fund trustee (including insurance company – Name and Mailing Address)

Trustee: Individual Corporate

Name		
Address		
City	Country	
Telephone	Extension	Facsimile
Electronic mail		

* A postbox number by itself is not acceptable as a mailing address.

Custodian or Organization holding Pension Fund Assets – Name and Mailing Address

Is there more than one Custodian? Yes No

Name		
Address		
City	Country	
Telephone	Extension	Facsimile
Electronic mail		

Location of Books or Records (*If address is not the same as pension plan administrator's address*)

Name		
Address		
City	Country	
Electronic mail		

Trade Union – Name and Mailing Address
If there is no trade union indicate as “not applicable”

Name		
Address		
City	Country	
Telephone	Extension	Facsimile
Electronic mail		

Funding information for the Reporting Period

Required contributions based on the most recent Form 7 or Actuarial Report:

		\$
Employer current service costs or current service contributions	101	
Plus: Employer special payments	+102	
Less: Reduction of employer required contributions	- 103	
Less: Other adjustments	- 104	
Total employer required contributions	=105	
Member required contributions	106	
Less: Reduction of member required contributions	- 107	
Less: Other adjustments	- 108	
Total member required contributions	=109	

Actual contributions made in respect of the reporting period:

Employer contributions	110	
Member contributions	111	
Member additional voluntary contributions...	112	

Membership Information at the End of the Reporting Period

Indicate number of members of pension plan and jurisdiction of membership:

		Male		Female	Total
(a) within Barbados.....	113a		113b		
(b) in other jurisdictions within the Caribbean community	114a		114b		
Antigua	115a		115b		
Belize	116a		116b		
Dominica	117a		117b		
Grenada	118a		118b		
Guyana	119a		119b		
Jamaica	120a		120b		
Montserrat	121a		121b		
St. Kitts	122a		122b		
St. Lucia	123a		123b		
St. Vincent	124a		124b		
Trinidad & Tobago	125a		125b		
(c) in other jurisdictions outside the Caribbean Community	126a		126b		
<i>Total male members</i>	127a	_____	<i>Total female members ..</i>	127b	_____
Total number of members:		128a + 128b = _____			

Membership reconciliation

Members at end of previous reporting period	129	
Members who joined the pension plan during this reporting period	130	
Sub-total (131 + 132)	133	
Members who retired during this reporting period	134	
Members who died during this reporting period	135	
Members whose employment was terminated due to plant closures during this reporting period.....	136	
Other terminations of membership during this reporting period	137	
Sub-total (138 + 139 + 140 + 141)	142	
Members at end of reporting period (143 - 144)	145	

Former members and other beneficiaries at the end of the reporting period

Indicate total number of former members and other beneficiaries	146	
Indicate number of former members and other beneficiaries in Barbados	147	

Pension fund information

Amount of funds transferred to pension plan from other pension plans	148	\$
Payment of benefits from the pension plan	149	
Transfer of benefits to other pension plans	150	
Market value of assets at beginning of reporting period ...	151	
Market value of assets at end of reporting period	152	
Net investment earnings or losses	153	

Employers at the end of the reporting period

How many employers participate in the pension plan at the end of the reporting period? 154

Confirmation of compliance

Indicate whether

(a) any of the information respecting the following changed in this reporting period? Yes No
 If "Yes", please tick the appropriate box(es)

- | | | |
|---|--|--|
| <input type="checkbox"/> Pension plan year end | <input type="checkbox"/> Pension plan name | <input type="checkbox"/> Pension fund trustee |
| <input type="checkbox"/> Pension plan Administrator | <input type="checkbox"/> Pension Plan provisions | <input type="checkbox"/> Pension plan manager |
| <input type="checkbox"/> Pension plan Sponsor | <input type="checkbox"/> Custodian | <input type="checkbox"/> other (specify) _____ |

(b) you filed an amendment with the changed information? Yes No N/A

(c) you filed a Pension Plan or Pension Plan Financial Statement for this reporting period? Yes No

(d) the pension plan assets are \$3 million or more and an auditor’s report was filed? Yes No N/A

If you answered “No” to (b), (c), or (d), the documents must be filed with the Financial Services Commission.

(e) If this pension plan is a multi-employer pension plan, please attach a list of the names and addresses of the members of the Board of Trustees and indicate which members of the Board of Trustees are pension plan member representatives.

(f) Have the pension plan and pension fund been administered in compliance with the *Occupation Pension Benefits Act, 2003* and Regulations, for the reporting covered by this form? Yes No

If “No”, please attach an explanation.

Certification

As the authorised representative of the administrator of the above-named pension plan, I certify that all the information presented on this form is true to the best of my knowledge and belief.

Signature of Authorised Representative

DATED this _____ day of _____, 20_____ .

Signature of witness

Name of witness (in capital letters)

Title/Position (in capital letters)

Address of witness (in capital letters)
