**Application to the Pensions Authority for certification under section 48A(2) of the Pensions Act, 1990, as amended**

**Completed application forms should be e-mailed to** [**dbfunding@pensionsauthority.ie**](mailto:dbfunding@pensionsauthority.ie)

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| --- | --- |
| **Scheme name (the Scheme):** |  |
| **Pensions Authority number:** |  |

**Section 1: Trustee application**

The trustees of the Scheme hereby request that the Pensions Authority (the Authority) certifies the relevant amount under section 48A(3) of the Pensions Act 1990, as amended (the Act), on the terms set out in, and enclosed with this application.

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| **Please confirm the following details:** | | |
| **1** | The winding up of the Scheme has commenced | Yes/No |
| **2** | Confirm the date that the winding up of the Scheme commenced |  |
| **3** | Legal title/name of the employer at the date of the winding up (the Employer)[[1]](#footnote-1) |  |
| **4** | Legal basis upon which the Employer is established, e.g., limited company, association, partnership |  |
| **5** | If a company, the company registration number |  |
| **6** | Business of the Employer |  |
| **7** | Date of the Employer’s insolvency |  |

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| **Insert below a summary of the factors that led to the failure of the Scheme to satisfy the funding standard at the date of the winding up** |
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**The trustees of the Scheme hereby declare and confirm:**

1. that the trustees will use the amount paid by the Minister for Finance for the purpose of discharging the liabilities for the benefits under section 48(1D) of the Act; and
2. that the Scheme actuary has completed section 2 below, that the Scheme did not satisfy the funding standard at the date of the winding up.

**The trustees confirm that the following documents are enclosed with this application form:**

1. the actuarial statement under section 48A(1) of the Act,
2. a statement of affairs of the insolvent employer,
3. the notice of the appointment of a liquidator or receiver to the Employer,
4. a statutory declaration by the Employer setting out the information required in Part 2, paragraph 1(viii) of the Pensions Authority’s guidance on section 48A of the Act (the Authority’s Guidance), and
5. a statutory declaration by the trustees setting out the information required in Part 2, paragraph 1(ix) of the Authority’s Guidance.

The trustees hereby declare that all information contained in and provided with this application form is true, complete and up to date and that they have disclosed to the Authority all information which they consider relevant for the purposes of this Application.

**Signed and dated (by at least two trustees or, in the case of a corporate trustee, by at least two directors)**

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| **Signature:** |  | **Date:** | |
| **Name (printed):** |  |  |
|  |  |  |
| **Signature:** |  | **Date:** | |
| **Name (printed):** |  |  |
|  |  |  |

**Section 2: Confirmation by the Scheme actuary**

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| **Pensions Authority number:** |  |
| **Date of winding up of the Scheme:** |  |

The Scheme actuary hereby confirms that at the date of the winding up of the Scheme, the Scheme did not satisfy the funding standard.

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| **Signed and dated by the Scheme Actuary** |  |  |
| **Signature:** |  | **Date:** |
| **Name (printed):** |  | **Scheme actuary certificate no.:** |
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1. Where there is more than one Employer, please provide details in respect of all Employers throughout this application form. [↑](#footnote-ref-1)