

OFFICE OF THE COMMISSIONER OF INSURANCE (OCI)

Form PP1R4.1: Application for Registration of an Amendment/Change to Registered/Unregistered Pension Plans

1. Name of Pension Plan: \_\_\_\_\_

2. Is Plan Registered? Yes/No

3. If yes to 2, please provide Registration Number \_\_\_\_\_

4. Date Plan was Registered (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. Name of Pension Plan Manager: \_\_\_\_\_

\_\_\_\_\_

6. An Amendment to Trust Deed. Please give details and provide two (2) copies of the amendment, which must be approved by the trustees and signed by the plan manager:

From: \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

7. An Amendment to Rules. Please give details and provide two (2) copies of the amendment signed by the plan manager:

From: \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

8. Any other change. Please give details and provide relevant documentation:

From: \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

9. Reason/s for an Amendment/Change. Please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Any other information relevant to an amendment/change. Please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Any changes or endorsements to insurance contracts for insured plans, if applicable.  
Please give details:

\_\_\_\_\_

\_\_\_\_\_

Signed by Plan Manager (s): \_\_\_\_\_

Dated (dd/mm/yyyy): \_\_\_\_\_