Group personal pension (GPP) list application form

Please complete all sections of this application and provide supporting information where requested.

This form can be:

- completed electronically using Adobe Reader (version 8 and above) and emailed to regulatorytransactions@tpr.gov.uk; or
- printed, completed by hand (please use block capitals) and posted to Regulatory Transactions, The Pensions Regulator, Telecom House, 125-135 Preston Road, Brighton BN1 6AF.

GPP (or relevant product series) name:

Name of provider:

FCA/PRA registration no:

Is the GPP described in this application form open to all employers wishing to use it to comply with their automatic enrolment duties, with no restrictions, eg by reference to projected membership numbers or contribution levels?	Yes	No
Are all charges imposed on members in the default fund within the charge cap?	Yes	No
For more information, see the FCA's Personal Pension Schemes (Restriction on Charges) Instrument 2015, contained in PS15/5.		
Date of the most recent independent governance committee (IGC) or governance advisory arrangement (GAA) report:		
	Yes	No
Has your IGC/GAA assessed the GPP (or relevant series) under offer?		

The Pensions Regulator

Does the IGC/GAA annual report include a statement regarding the value for savers in respect of this GPP? (or relevant series)		Yes	No
If yes, please specify the page number and section of the report where this is specified:			
Is the IGC/GAA annual report published online?		Yes	No
If yes, please provide the web link: If no, how can a prospective customer obtain a copy?			
		Page nu	mbers
Please provide the following member communications material and where	Member bookle	t	
relevant, specify page numbers for content which references how tax relief is paid on member contributions.	Key features document	:	
New joiner letter template			
Any other relevant material (specify document titles a	ind page numbers):		
Please specify any web links for member-targeted we	b content:		
Please provide a web link to the landing page for this	GPP:		
Is an employer able to sign up to your GPP without th an intermediary?	ne need for	Yes	No

GPP List application form 2

I have read and understood the criteria for listing GPPs which have been published by The Pensions Regulator.

I certify that the information contained in this application is accurate and complete. I also acknowledge that the provision of inaccurate information may be used by The Pensions Regulator as a reason to refuse entry or remove from the list, as applicable.

I agree to inform The Pensions Regulator immediately if there is a significant change and it is no longer possible for the GPP to meet the criteria for inclusion on the list.

I accept that The Pensions Regulator may change the criteria for appearing on the list at any time and may also choose to remove the list, in whole or in part, at any time.

Signature

Print name

Position held

Date