**METLIFE MASTER TRUSTS**

**EMPLOYER ADMISSION FORM**

**PART A – Employer Details** (to be completed by the employer)

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| We (employer name) |  |
| Of (registered office or principal place of business) (“**Participating Employer**”) |  |
| Principal and alternate contact names: |  |
| Emails: |  |
| Telephone numbers: |  |
| We wish to participate in the MetLife Group Life Master Trust (“**Registered** **Plan**”) and / or MetLife Excepted Life Master Trust (“**Excepted Plan**”) with effect from:  ……………………………………………………..……………………….. (insert date) (“**Admission Date**”)  on the basis that Irwin Mitchell Trustees Limited (“**Trustee**”) will establish a new employer section of the Plan(s) for the Participating Employer.  Entry Date to Plan - cover for the purposes of the plan will commence from the date given on the relevant policy(ies). In the event that you join both plans your date of entry thereto will again be that given on each relevant insurance policy as applicable. | |

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| **Please indicate organisation type**  Public Limited Company  Limited Liability Partnership  Sole Trader | Private Limited Company  Partnership  Charity |
| Other | |
| If a limited liability company or a public limited company, please provide your Companies House number:  …………………………………………………………………………………………………..………………….. | |
| If “other” – Please specify the organisation type:  …………………………………………………………………………………………………..……………… | |
| Both MetLife Master Trusts are open to a very wide range of organisation types.  The only purpose of the designation of employer type in this form is for identification of you as an employer participant. A general idea of organisation type is all that is needed. | |

**PART B – Employer Section Provisions**

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| **Statement of benefits**  The membership provisions and benefits applicable for the Participating Employer’s employer section will be as provided by the Policy Schedule emailed to the Trustee. |

**COMPLETE PART C – IF YOU ONLY WANT TO JOIN THE REGISTERED PLAN**

**COMPLETE PART D – IF YOU ONLY WANT TO JOIN THE EXCEPTED PLAN**

**COMPLETE PART E – IF YOU WANT TO JOIN BOTH PLANS**

**YOU NEED ONLY SIGN ONCE THE PART THAT IS RELEVANT TO YOU.**

**YOU WILL NEED AN ISSUED POLICY (OR POLICIES) FOR EACH PLAN YOU INTEND TO JOIN.**

**PART C – Joining the Registered Plan** (to be signed by the Participating Employer only if at least one policy is to be issued in respect of the employer to the Trustee of the MetLife Registered Master Trust)

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| **MetLife Registered Master Trust (“Registered Plan”)**  **Please note that you will need at least one current policy for the above plan.**  Where the employer wishes to be admitted to the MetLife Registered Master Trust (the “**Registered** **Plan**”) it duly notes that;   * membership of a registered pension scheme or similar arrangements under the Finance Act 2004 can affect or otherwise invalidate tax protections for individual members and it is the responsibility of the Participating Employer and relevant members to seek their own advice on such matters; * neither the Trustee nor MetLife (the “**Sponsor**”) are able to provide any advice or guidance in this regard; and * where an application is made for an employer to be duly admitted to the Registered Plan, the Trustee will:   + admit the employer to the Registered Plan in exercise of its powers under the Registered Plan’s Trust Deed and Rules;   + establish a segregated section in the Registered Plan in respect of the participation of the employer. The segregated section under the Registered Plan will make provision solely for those employees of the employer eligible to be admitted to the relevant segregated section;   + take out a policy (or policies) under the Registered Plan in respect of the benefits to be provided under the relevant segregated section to be held under the trusts of the Registered Plan; and   + ensure that the benefits due under the relevant segregated section are wholly governed by the Trust Deed and Rules of the Registered Plan   and the undertakings and declarations provided below and in Part F of this Form shall be construed accordingly.  **Participating Employer Admission Undertakings and Declaration**   |  | | --- | | * We request that the Trustee admits us to participation in the Registered Plan as a Participating Employer on the basis set out in this Form. * We confirm that we have reviewed the governing provisions of the Registered Plan including the Trust Deed and the Rules and hereby agree with the Trustee that with effect on and from the Admission Date we will:   + observe and perform the obligations applicable to us as a Participating Employer of the Registered Plan;   + comply with the provisions of the Registered Plan contained in the Trust Deed and the Rules for the time being in force so far as they relate to us and those of our employees who are members of the Registered Plan;   + comply with the provisions of the Registered Plan on the basis set out in this Form for the time being in force;   + pay or arrange to be paid such contributions as the Sponsor and Trustee determine to be necessary to acquire or maintain the Policy (*referred to in Part F below*) directly to the insurance company who has issued the Policy; and   + provide the Trustee with such information about our employees who are members of the Registered Plan as the Trustee may from time to time require in order to operate and administer the Registered Plan in accordance with the terms of the Trust Deed and Rules. * We understand that in completing and signing this Form we are entering into a binding agreement with the Trustee to participate in the Registered Plan and to comply with the terms of the Trust Deed and Rules. |   Signed: …………………………………………………………………………………………………………….  Date: ……………………………………………………………………………………………………………….  Name: …………………………………………………………………………..………………………………….  Position with the Participating Employer: ……………………………………………………………………… |
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**PART D – Joining the Excepted Plan** (to be signed by the Participating Employer only if at least one policy is to be issued in respect of the employer to the Trustee of the MetLife Excepted Master Trust)

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| **MetLife Excepted Master Trust (“Excepted Plan”)**  **Please note that you will need at least one current policy for the above plan. In addition, you will need separate policies to cover any different categories of benefit in the Excepted Plan. Please speak to your adviser if you are at all uncertain on this point.**  Where the employer wishes to be admitted to the MetLife Excepted Master Trust Plan (the “**Excepted** **Plan**”) it duly notes that;   * where an application is made for an employer to be duly admitted to the Excepted Plan, the Trustee will:   + admit the employer to the Excepted Plan in exercise of its powers under the Excepted Plan’s Trust Deed and Rules;   + establish a segregated section in the Excepted Plan in respect of the participation of the employer. The segregated section under the Excepted Plan will make provision solely for those employees of the employer eligible to be admitted to the relevant segregated section;   + take out a separate policy (or policies) under the Excepted Plan in respect of the benefits to be provided under the relevant segregated section to be held under the trusts of the Excepted Plan; and   + ensure that the benefits due under the relevant segregated section are wholly governed by the Trust Deed and Rules of the Excepted Plan   and the undertakings and declarations provided below and in Part F of this Form shall be construed accordingly.  **Participating Employer Admission Undertakings and Declaration**   |  | | --- | | * We request that the Trustee admits us to participation in the Excepted Plan as a Participating Employer on the basis set out in this Form. * We confirm that we have reviewed the governing provisions of the Excepted Plan including the Trust Deed and the Rules and hereby agree with the Trustee that with effect on and from the Admission Date we will:   + observe and perform the obligations applicable to us as a Participating Employer of the Excepted Plan;   + comply with the provisions of the Excepted Plan contained in the Trust Deed and the Rules for the time being in force so far as they relate to us and those of our employees who are members of the Excepted Plan;   + comply with the provisions of the Excepted Plan on the basis set out in this Form for the time being in force;   + pay or arrange to be paid such contributions as the Sponsor and Trustee determine to be necessary to acquire or maintain the Policy (*referred to in Part F below*) directly to the insurance company who has issued the Policy; and   + provide the Trustee with such information about our employees who are members of the Excepted Plan as the Trustee may from time to time require in order to operate and administer the Excepted Plan in accordance with the terms of the Trust Deed and Rules. * We understand that in completing and signing this Form we are entering into a binding agreement with the Trustee to participate in the Excepted Plan and to comply with the terms of the Trust Deed and Rules. |   Signed: …………………………………………………………………………………………………………….  Date: ……………………………………………………………………………………………………………….  Name: …………………………………………………………………………..………………………………….  Position with the Participating Employer: ……………………………………………………………………… |
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**PART E – Joining both plans** (to be signed by the Participating Employer only if at least one policy is to be issued to the Trustee in respect of the employer for each plan, namely the Registered Plan and the Excepted Plan)

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| **MetLife Registered Master Trust (Registered Plan)**  **MetLife Excepted Master Trust (Excepted Plan)**  **Please note that you will need at least one current policy for each of the above plans. In addition, you will need separate policies to cover any different categories of benefit in the Excepted Plan. Please speak to your adviser if you are at all uncertain on this point.**  **Membership of the two plans is not interchangeable - so each policy will only provide cover for the plan it relates to (or benefit category within a plan).**  Where the employer wishes to be admitted to both the Registered Plan and the Excepted Plan (the “**Plans**”) it duly notes that;   * membership of a registered pension scheme or similar arrangements under the Finance Act 2004 can affect or otherwise invalidate tax protections for individual members and it is the responsibility of the Participating Employer and relevant members to seek their own advice on such matters; * neither the Trustee nor MetLife (the “**Sponsor**”) are able to provide any advice or guidance in this regard; and * where an application is made for an employer to be duly admitted to both Plans, the Trustee will:   + admit the employer separately into each of the Registered Plan and the Excepted Plan in exercise of its powers under each of the Plans’ Trust Deeds and Rules;   + establish a segregated section in each of the Plans in respect of the participation of the employer. The segregated section under each Plan will make provision solely for those employees of the employer eligible to be admitted to the relevant segregated section;   + take out a separate policy (or policies) under each of the Plans in respect of the benefits to be provided under the relevant segregated section to be held under the trusts of the Plan to which the relevant policy or policies relate; and   + ensure that the benefits due under the relevant segregated section are wholly governed by the Trust Deed and Rules of the relevant Plan to which the employer has been admitted   and the undertakings and declarations provided below and in Part F of this Form shall be construed accordingly.  **Participating Employer Admission Undertakings and Declaration**   * We request that the Trustee admits us to participation in the Plans as a Participating Employer on the basis set out in this Form. * We confirm that we have reviewed the governing provisions of the Plans including the Trust Deeds and the Rules and hereby agree with the Trustee that with effect on and from the Admission Date we will:   + observe and perform the obligations applicable to us as a Participating Employer of the Plans;   + comply with the provisions of the Plans contained in the Trust Deeds and the Rules for the time being in force so far as they relate to us and those of our employees who are members of the Plans;   + comply with the provisions of the Plans on the basis set out in this Form for the time being in force;   + pay or arrange to be paid such contributions as the Sponsor and Trustee determine to be necessary to acquire or maintain the Policy (*referred to in Part F below*) directly to the insurance company who has issued the Policy; and   + provide the Trustee with such information about our employees who are members of the Plans as the Trustee may from time to time require in order to operate and administer the Plans in accordance with the terms of the Trust Deeds and Rules. * We understand that in completing and signing this Form we are entering into binding agreements with the Trustee to participate in each of the Plans and to comply with the terms of the Trust Deeds and Rules.   Signed: …………………………………………………………………………………………………………….  Date: ……………………………………………………………………………………………………………….  Name: …………………………………………………………………………..………………………………….  Position with the Participating Employer: ……………………………………………………………………… |
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**PART F – Trustee Admission Undertakings and Declaration** (to be completed by the Trustee)

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| * Acting with the consent of the Sponsor, the Trustee (*in exercise of its power under Clause 10 of the Trust Deed(s) and Rules*) admits the Participating Employer to participation in the Registered Plan/Excepted Plan/the Plans\* with effect from the Admission Date. * The Trustee confirms that:   + a policy or policies (“**Policy**”), the life or lives assured of which shall be such employee(s) of the Participating Employer as the Participating Employer has directed and agreed with the Trustee has been issued by an insurance company being either the Sponsor or some other insurance company which satisfies section 275 of the Finance Act 2004 in the name of the Trustee of the Registered Plan/Excepted Plan/the Plans\*; and   + the Policy shall take effect from the Admission Date. * The Trustee establishes a separate and segregated employer section with effect on and from the Admission Date in respect of the New Participating Employer’s participation in the Registered Plan/Excepted Plan/the Plans\* and confirms that:   + the Section will to be known as   ………………………………………………………………… Section (“**Employer Section**”);   * + the Employer Section will operate for the benefit of employees of the Participating Employer who satisfy the eligibility conditions set out in the Policy schedule referred to in Part B of this Form or as otherwise admitted in accordance with the membership and eligibility provisions in the Trust Deed(s) and Rules;   + members of the Employer Section will be provided with benefits in accordance with the terms of the Policy schedule referred to in Part B of this Form and any subsequent amendments made to those provisions advised to the Trustee and in accordance with the benefit provisions from time to time in force under the Trust Deed(s) and Rules;   + it shall with effect on and from the Admission Date ensure it holds a Policy under the trusts of the Registered Plan/Excepted Plan/the Plans\* to secure the benefits in respect to the Employer Section; and   + it will notify the Participating Employer of the policy number or numbers of the Policy effected from time to time in respect of the Employer Section.   Signed:  ……………………………………………………………………………………………………………………… for and on behalf of Irwin Mitchell Trustees Limited  Date: …………………………………………………………………………………………………………..…...  Name:………………………………………………………………………………………………………………  \* *Delete as appropriate* |

**PART G – General Points**

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| The obligations and undertakings in this Form and the terms of the Employer Section Provisions may be amended from time to time in accordance with the amendment powers in the Trust Deed(s) and Rules.  **Data Protection**  Each employer is required by the rules of each plan and relevant regulation to take care with its own record keeping, processing and transmission of data relevant to members of either or both plans. Please contact your adviser or the trustee if you have any queries on this important area |