



Fellowship Application Guide and Forms

2024

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Guidelines for Fellowship Applications

Council is pleased to invite those Associates who meet the following guidelines on **1st October 2024** to apply for Election to Fellowship:

1.

A.

- (a) Continuous membership of the Institute as an Associate for at least 5 years – (but no minimum period for Founder Members)
- (b) (i) hold a recognised accountancy, actuarial, insurance, pensions management, secretarial or legal qualification by examination and have a minimum of 10 years full-time experience in pensions scheme work of which 5 years have been spent in a senior position;

Or

(ii) in the absence of a formal relevant qualification as outlined above, have a minimum of 12 years full-time experience in pension scheme work of which at least 7 years have been spent in a senior position; and

- (c) currently, employed in a senior position, in which at least 30% of the applicant's time is spent on pensions or other employee benefits.

OR

B Fellows of the Pensions Management Institute

2. Reference in 1 above to “full-time” and “senior position” is taken to mean:

“Full -time” Throughout the relevant qualifying periods not less than 75% of the applicant's time has been spent on pensions and other employee benefits; this need not necessarily be continuous or current experience;

“Senior position” Will be construed literally and Council will need to be convinced that the position held involves substantial responsibility in relation to the management, control and administration of pension schemes and for the structural organisation and personnel directly related to the pensions function. The applicant must clearly be seen to be a person exercising considerable authority over the direction and operation of the pensions functions and Council stresses that clear evidence of the seniority of the

position(s) held by the applicant will be required. Applicants in specialist areas should be able to demonstrate equivalent status.

3. Applicants are required to have fully completed the IIPM's programme of Continuous Professional Development (CPD) for each of the prior 3 calendar years, and that the applicant can provide a copy of their logged training schedule. Non IIPM qualifying CPD will not be considered.
4. Applicants are required to obtain at least two attestations in confirmation of their eligibility for consideration. The attestations should be:
 - (a) (i) the appropriate member of senior management of the applicant's current employer, or senior partner, (the appropriate member of senior management of the applicant's previous employer if the applicant has been in their current post for two years or less); and
 - (ii) a fellow of the Institute who should ideally be employed in a different organisation from that of the applicant.

OR

- (b) where the applicant is the chief executive or senior partner of his/her organisation, or in other cases where it is impractical to obtain attestations from within your present or previous organisation as in 3(a)(i), two Fellows of the Institute.

The Attestors will be asked to state from their personal knowledge:

- (a) that the applicant meets the criteria set out in paragraphs 1 and 2 above;
- (b) that they have seen information supplied by the applicant and that it is to the best of their knowledge and belief correct;
- (c) how long and in what circumstances they have known the applicant, and
- (d) why it is in the interests of the Institute for the applicant to be elected to Fellowship.

Attestations should be submitted directly to the Institute and accompany the relevant Fellowship Application Form.

5. Council stresses that the above guidelines and requirements will be carefully addressed and that the attestations will be given considerable weight.
6. To assist applicants in their assessment of their eligibility and in the completion of their applications, Council lists the following reasons for the rejection of unsuitable applications in previous years:
 - (a) insufficient pensions experience at senior level;
 - (b) insufficient information given in respect of the extent of the pensions functions of employer/firm;
 - (c) insufficient overall pensions experience;
 - (d) insufficient information given in respect of position(s) held with the organisation;
 - (e) incomplete or unfavourable attestations.

7. If having read the above information you feel that you are eligible for consideration, an application and attestor form may be obtained from info@iipm.ie and these should be returned before **Friday 25 October 2024**. The forms are also attached below.

Please email the completed forms to info@iipm.ie, titled "Fellowship Application - Re: *Applicant Name*."

Electronic signatures will be accepted.

8. The decision as to who will be elected as a Fellow rests solely with Council but it is hoped that the adoption of the procedures outlined above will enable Council to act with maximum objectivity in carrying out this difficult task.
9. All the information supplied by the applicants and the attestors will be used by Council solely for the purpose of reaching its decision in respect of election to Fellowship and will be treated with the utmost confidence.
10. No correspondence will be entered into in respect of applications for election to Fellowship.



C O N F I D E N T I A L

THE IRISH INSTITUTE OF PENSIONS MANAGEMENT APPLICATION FOR ELECTION TO FELLOWSHIP

1. PERSONAL DETAILS

Surname and Title:	
Forenames:	
Private Address:	
Date of Birth	
Email Address:	
Professional Qualifications:	
Third Level Qualifications: (Qualifications must be by examination. Please give dates attained.)	
Employer Name:	

Position in Company:	
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2. PAST POSITIONS

Please give in chronological order a summary of your career illustrating 10/12 years (as appropriate) full time experience in pension scheme work in the Republic of Ireland or the United Kingdom of which 5/7 years should have been spent in a senior position. You should include all distinct posts held within the same organisation.

Employer	Position held	From (Mth/Yr)	To (Mth/Yr)	%time spent on pensions

3. DETAILS OF EMPLOYMENT PROFILE

Employer Name: Address:	
Dates of Service <ul style="list-style-type: none"> - Position held in company - The position of the person to whom you report/reported 	

(i) What is the Company's principal business?	
(ii) What proportion of your time is/was spent on pensions or employee benefits work?	
(ii) How many people in your company are directly employed on pension scheme matters?	
(iv) How many people are directly responsible to you?	
(v) For how many pension schemes are you responsible?	
(vi) What is the total number of "lives" covered	
(vii) What is the approx. total annual contribution income of the schemes for which you are directly responsible?	
(viii) For which types of schemes are you responsible? (a) Self Administered arrangements (b) Insured Group arrangements? (c) Small self administered arrangements? (d) Insured Individual arrangements?	

<p>(ix) Describe your duties</p>	
<p>(x) Add any other comments on your duties which will aid appreciation of your responsibilities</p>	

3.1 DETAILS OF EMPLOYMENT PROFILE

Employer Name: Address:	
Dates of Service - Position held in company - The position of the person to whom you report/reported	
(i) What is the Company's principal business?	
(ii) What proportion of your time is/was spent on pensions or employee benefits work?	
(ii) How many people in your company are directly employed on pension scheme matters?	
(iv) How many people are directly responsible to you?	
(v) For how many pension schemes are you responsible?	
(vi) What is the total number of "lives" covered	
(vii) What is the approx. total annual contribution income of the schemes for which you are directly responsible?	

<p>(viii) For which types of schemes are you responsible?</p> <ul style="list-style-type: none">(e) Self Administered arrangements(f) Insured Group arrangements?(g) Small self administered arrangements?(h) Insured Individual arrangements?	
<p>(ix) Describe your duties</p>	
<p>(x) Add any other comments on your duties which will aid appreciation of your responsibilities</p>	

3.2 DETAILS OF EMPLOYMENT PROFILE

Occupational Details	
Employer Name: Address:	
Dates of Service <ul style="list-style-type: none"> - Position held in company - The position of the person to whom you report/reported 	
(i) What is the Company's principal business?	
(ii) What proportion of your time is/was spent on pensions or employee benefits work?	
(iii) How many people in your Company are directly employed on pension scheme matters?	
(iv) How many people are directly responsible to you?	
(v) For how many pension schemes are you responsible?	
(vi) What is the total number of "lives" covered	
(vii) What is the approx. total annual contribution income of the schemes for which you are directly responsible?	

<p>(viii) For which types of schemes are you responsible?</p> <p>(j) Self Administered arrangements</p> <p>(k) Insured Group arrangements?</p> <p>(l) Small self administered arrangements?</p> <p>(m) Insured Individual arrangements?</p>	
<p>(ix) Describe your duties</p>	

4. YOUR CONTRIBUTION TO THE INDUSTRY

(i) If you have had any publication produced under your own name, list titles and dates:

(ii) Please give details of any Conference/Seminars you have addressed on pensions related matters?

(iii) Please state your involvement in the IIPM/PMI in recent years e.g., Officer, Council Member, Examiner, Tutor, speaker etc.,

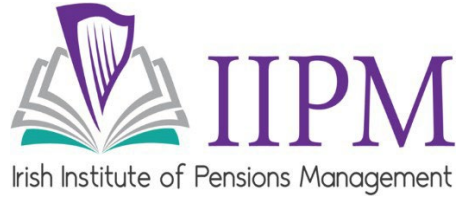
(iv) Please state on which committees you have regularly served for any other pensions organisation external to your own Company or partnership?

5. ARE THERE ANY OTHER MATTERS WHICH YOU FEEL SHOULD BE TAKEN INTO CONSIDERATION?

Please give your reasons why you think that the IIPM should elect you as a Fellow, and include the most significant contribution you feel you have made to the profession

SPECIFIC EXPERIENCE

[Empty rectangular box for specific experience]



**THE IRISH INSTITUTE OF PENSIONS MANAGEMENT
CONFIDENTIAL APPLICATION FOR ELECTION FOR FELLOWSHIP**

**FELLOWS / EMPLOYER ATTESTATION
IN SUPPORT OF:**

1.

(a) I can confirm that I have read the attached copy application completed by the applicant
YES/NO

(b) I can confirm from personal knowledge that the details relating to the following post(s) are correct:

- 1. _____ YES/NO
- 2. _____ YES/NO
- 3. _____ YES/NO

(c) I can confirm that the other details are correct to the best of my knowledge and belief.

- 1. _____ YES/NO
- 2. _____ YES/NO
- 3. _____ YES/NO

2. How long have you personally known the applicant?

Please briefly describe the circumstances in which you have known the applicant.

3. Please briefly describe the contribution you consider the applicant will be able to make to the aims and work of the Irish Institute of Pensions Management

I confirm the applicant holds a senior position in his/her organisation. YES/NO

Attestor Name: _____

Fellow of the Irish Institute of Pensions Management / Employer (Mark as appropriate)

Signed : _____

Dated : _____

Due to current restrictions, please email the completed forms to info@iipm.ie, titled "Fellowship Attestor Form - Re: *Applicant Name*."

Electronic signatures will be accepted at this time as well.

To arrive no later than 25 October 2024.

1. The information supplied on this form will be treated with the utmost confidence and will be used solely for the purpose of the consideration for election to Fellowship.

2. The decision of Council in respect of this application is final and no correspondence will be entered into.