



European Insurance and
Occupational Pensions Authority

Declaration of Interests

Fields marked with * are mandatory.

Declaration of Interests (Conflict-of-Interest Policy EIOPA-BoS-22-388 of 19/07/2022)

*** First name**

Peter

*** Surname**

Braumueller

*** Competent Authority / EU Institution**

FMA

*** Member State**

For the EU institutions members, including the EFTA Surveillance Authority, please mention N/A

Austria

*** Current EIOPA involvement and position**

Minimum 1 selection(s)

Please select all the options applicable to you.

- ☒ BoS Voting Member
- ☐ BoS Permanent Representative
- ☐ BoS EEA EFTA Member
- ☐ BoS Non-Voting Member (European Commission, ESRB, EBA, ESMA, EFTA Surveillance Authority)
- ☐ BoS Alternate

- ☐ BoS Observer
- ☐ MB Member
- ☐ MB Alternate
- ☐ MB Representative of the European Commission
- ☐ MB Observer

* I declare that I have read the Decision on Conflict of Interest Policy ([EIOPA-BoS-22-388 - Conflict of Interest Policy](#)) and that this declaration is truthful and complete

☒ Yes

* I declare that, to the best of my knowledge, the only interests that create a Conflict of Interest as defined in Article 1(2)(c) of the Conflict of Interest Policy in respect of my activities which fall under the EIOPA's scope of action are those listed below

☒ Yes

* I declare that whenever I have a Conflict of Interest I will inform the EIOPA

☒ Yes

* Do you have any Economic Interests (as defined in Article 1.3(a) of the Conflict-of-Interest Policy) to declare?

Please consider the reference period of **two years** preceding the submission of this declaration.

☐ Yes
☒ No

* Do you have any Memberships (as defined in Article 1.3(b) of the Conflict-of-Interest Policy) to declare?

Please consider the reference period of **two years** preceding the submission of this declaration.

☒ Yes
☐ No

Please provide as many details as possible (in the case of a body or employer, full name, location, private or public nature and your role). **Complete a row for each activity.**

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1	2023-2024	IAIS: ExCo member and Chair of Implementation and Assessment Committee - International Association of Insurance Supervisors (IAIS) c/o BIS, CH-4002 Basel, Switzerland	The IAIS is the global standard setting body for insurance - given its role, mandate and activities my independence may not be impaired.
2	2023-2024	IOPS: ExCo member - International Organisation of Pension Supervisors (IOPS) c/o OECD, 2, rue André Pascal, F-75775 Paris Cedex 16, France	The IOPS is the global standard setting body for pensions - given its role, mandate and activities my independence may not be impaired.
3	2023-2024	A2ii: Chair of the ExCo and Governing Council - Access-to-Insurance Initiative (A2ii) c/o GIZ, Dag-Hammarskjöld-Weg 1-5, D-65760 Eschborn, Germany	The A2ii is the IAIS' key implementation partner for financial inclusion - given its role, mandate and activities my independence may not be impaired.
4	2023-2024	ÖGVFW: member of the executive board - Österreichische Gesellschaft für Versicherungsfachwissen, Schwarzenbergplatz 7, A-1030 Vienna, Austria	The ÖGVFW is a forum for information exchange and dialogue for the Austrian insurance sector, offering training on insurance topics - given its role, mandate and activities my independence may not be impaired.
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*** Do you have any Employment or Consultancy** (as defined in Article 1.3(c) of the Conflict-of-Interest Policy) **to declare?**

Please consider the reference period of **two years** preceding the submission of this declaration.

- ☐ Yes
☒ No

*** Do you have any Intellectual property rights** (as defined in Article 1.3(d) of the Conflict-of-Interest Policy) **to declare?**

Please consider the reference period of **two years** preceding the submission of this declaration.

- ☐ Yes
☒ No

*** Do you have any Interests of close family members** (as defined in Article 1.2(b) of the Conflict-of-Interest Policy) **to declare?**

Please consider the reference period of two years preceding the submission of this declaration.

- ☐ Yes
☒ No

*** Do you have any other memberships of affiliations** (as defined in Article 1.3(f) of the Conflict-of-Interest Policy) **to declare?**

Please consider the reference period of **two years** preceding the submission of this declaration.

- ☒ Yes
☐ No

Please provide as many details as possible (in the case of a body or employer, please provide the full name, location, private or public nature and your role). **Complete a row for each activity.**

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1	2023-2024	AVÖ: member of the "Beirat" - Aktuarvereinigung Österreichs (AVÖ), Schwarzenbergplatz 7, A-1030 Vienna, Austria	The AVÖ is the professional body for actuaries in Austria - given its role, mandate and activities my independence may not be impaired.
2	2023-2024	DVfVW: member of the "Ausschuss" - Deutscher Verein für Versicherungswissenschaft e.V. (DVfVW), Rheinstraße 45-46, D-12161 Berlin, Germany	The DVfVW is an association promoting insurance science in different areas - given its role, mandate and activities my independence may not be impaired.
3	2023-2024	Toronto Centre: member of the Insurance and Pensions Advisory Board - Toronto Centre, 2, Toronto Street, Suite 200, Toronto, Ontario Canada	The Toronto Centre provides capacity building programmes for financial supervisors and regulators - given its role, mandate and activities my independence may not be impaired.
4	2024	Member of the Scientific Advisory Board of the Journal „Die Versicherungsrundschau (VR)“ edited by the VVO, Schwarzenbergplatz 7, A-1030 Vienna, Austria	The Scientific Advisory Board is composed of representatives of FMA, universities and the industry. It is providing input on possible topics for the journal - given its role, mandate and activities my independence may not be impaired.
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*** Are there any other Interests to declare?**

Please consider the reference period of **two years** preceding the submission of this declaration.

☐ Yes

☒ No

Date

20/02/2025

Signature (please write your full name)

Peter Braumüller

Background Documents

[Conflict of Interest Policy](#)

Contact

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