

Annual review questionnaire

How to fill out this form

If filling in this form by hand, please use black ink and CAPITAL LETTERS. Any corrections should be initialled. Please do not use correction fluid.

Plan name

Plan number

HMRC Pension Scheme Tax Reference (PSTR)

Pension Scheme Registration Number

About this form

Please provide us with the information requested below about your Plan and changes to it that have taken place in the past Plan year. By doing so you'll help us ensure our records are complete and accurate. When reviewing that information we may need to contact you for more details. When replying please also provide copies of any updates to the Plan's legal documentation.

While we are asking you to provide us with email addresses, ongoing correspondence about the Plan will continue by post. You can download additional copies of this questionnaire from pru.co.uk/trustees

Please complete, date and return the form to:

Prudential
EPP Mark 2-4
Lancing
BN15 8GB

Section 1 – Plan contact information

Plan address

Post code

Plan contact telephone number

Plan contact email address

Section 2 – Principal Employer information

Principal Employer's name

Principal Employer's contact telephone number

Principal Employer's address

Postcode

Principal Employer's registered number, if limited company or plc

Principal Employer's contact email address

Section 2 – Principal Employer information – continued

Change of Principal Employer.

If this has taken place in the past Plan year, provide effective date and updated details.

Change of trading status (eg ceasing to trade, in receivership, in liquidation, etc).

If this has taken place in the past Plan year, provide effective date and updated details.

Change of employer status (eg sole trader to partnership, or limited company to plc).

If this has taken place in the past Plan year, provide effective date and updated details.

If the employer is a partnership, have any of the partners changed?

If this has taken place in the past Plan year, provide effective date and updated details, include their names and addresses.

Section 3 – Trustee information

If the Principal Employer is the sole Plan Trustee, tick this box and move onto Section 4 where only one set of signatures is needed.

Complete this section if there are Plan Trustees other than the Principal Employer.

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Trustee's registered number, if limited company or plc

Trustee's contact email address

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Trustee's registered number, if limited company or plc

Trustee's contact email address

Section 3 – Trustee information – continued

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Trustee's registered number, if limited company or plc

Trustee's contact email address

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Trustee's registered number, if limited company or plc

Trustee's contact email address

Please continue on a separate sheet of paper, if necessary.

Section 4 – Declaration

Once this document has been fully completed, the following declaration must be signed by:

Two representatives of the Principal Employer and, if the Principal Employer is not the sole Plan Trustee, also by all the other Trustees of the Plan (or an authorised representative), in the space provided.

Please remember to date the form.

We the undersigned confirm the information provided in this questionnaire is true and correct.

We undertake to inform Prudential immediately:

- (i) of any change of name and/or address of any participating employer or Trustee;
- (ii) the proposed inclusion of any new employer in the Plan;
- (iii) the proposed appointment of any new Trustee to the Plan;
- (iv) the removal or resignation of any existing Trustee; and
- (v) any other material Plan change eg change of Plan name

Full name

Full name

Position

Position

Signature

Signature

For and on behalf of the Principal Employer
(and Plan Trustee, if appropriate)

For and on behalf of the Principal Employer
(and Plan Trustee, if appropriate)

Section 4 – Declaration – continued

Please provide the following signatures, only if the Principal Employer is not the sole Plan Trustee.

Trustee's full name

Position

Signature

Trustee's full name

Position

Signature

Trustee's full name

Position

Signature

Trustee's full name

Position

Signature

Trustee's full name

Position

Signature

Trustee's full name

Position

Signature

Authorised representative of Trustees – if using this option please provide a copy of the authorisation.

Authorised representative full name

Position

Signature

For and on behalf of the Trustees

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---