

Annual scheme 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.

Scheme Name:

Scheme Number:

HMRC Pension Scheme Tax Reference (PSTR), if known

Pension Scheme Registration Number, if known

About this form

Please provide us with the information requested below about your Scheme and changes to it that have taken place in the past Scheme 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 Scheme's legal documentation.

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

Please complete, date and return the form to:

**Prudential
Lancing
BN15 8GB**

Section 1 – Employer information

Employer's name

Employer's contact telephone number

Employer's address

Employer's registered number, if limited company or plc

Postcode

Employer's contact email address

Change of Principal Employer.

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

Section 1 – Employer information – continued

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

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

Section 2 – Trustee information

If the Employer is the sole Scheme Trustee, tick this box and move onto Section 3 where only one set of signatures is needed.

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

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Trustee's registered number, if limited company or plc

Postcode

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

Postcode

Trustee's contact email address

Provide the following information about any changes to Trustees in the past Scheme year

Effective date of change

D	D	M	M	Y	Y	Y	Y
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Nature of change – appointment or resignation

Trustee's full name

Trustee's registered number, if limited company or plc

Section 2 – Trustee information – continued

Trustee's full address

Postcode

Confirmation if a copy of deed is enclosed;
records cannot be updated without a copy

Confirmation if a specimen deed is required

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

Section 3 – Declaration

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

Two representatives of the Employer and, if the Employer is not the sole Scheme Trustee, also by all the other Trustees of the Scheme (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 employer or Trustee;
- (ii) any change of employer under the Scheme;
- (iii) the proposed appointment of any new Trustee to the Scheme;
- (iv) the removal or resignation of any existing Trustee; and
- (v) any other material Scheme change eg change of Scheme name.

Full name

Full name

Position

Position

Signature

Signature

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

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

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

Trustee's full name

Trustee's full name

Position

Position

Signature

Signature

Trustee's full name

Trustee's full name

Position

Position

Signature

Signature

Section 3 – Declaration – continued

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
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