

# 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)

Pension Scheme Registration Number

## About this form

Although we only administer the Policy(ies) under this Scheme rather than the Scheme itself, we still need to make sure our records are up to date and accurate so that we can administer the Policy(ies) correctly. Therefore, please provide us with the information requested below about your Scheme, including any changes to it that have taken place in the past Scheme year. 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](http://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 full 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

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

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

Trustee's full address

  
  
  

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

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:

The Employer and by all Trustees of the Scheme (or their authorised representatives), 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

Position

Signature

For and on behalf of the Employer

Trustee's full name

Position

Signature

Full name

Position

Signature

For and on behalf of the Employer

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
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