

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

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. Even where we may only administer the Policy(ies) under your 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.

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
PO Box 5186
Lancing
BN99 8JN

Section 1 – Information about Employers

Principal Employer full name

Principal Employer contact telephone number

Principal Employer registered number, if limited company or plc

Principal Employer full address

Postcode

Principal Employer contact email address

Section 1 – Information about Employers – continued

Participating Employer name

Participating Employer's contact telephone number

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

Participating Employer's address

<input type="text"/>
<input type="text"/>
Postcode

Participating Employer's contact email address

Participating Employer name

Participating Employer's contact telephone number

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

Participating Employer's address

<input type="text"/>
<input type="text"/>
Postcode

Participating Employer's contact email address

Participating Employer name

Participating Employer's contact telephone number

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

Participating Employer's address

<input type="text"/>
<input type="text"/>
Postcode

Participating Employer's contact email address

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

Section 2 – Information about Trustees

Trustee's full name

Trustee's contact telephone number

Trustee's registered number, if limited company or plc

Trustee's full address

Postcode

Trustee's contact email address

Trustee's full name

Trustee's contact telephone number

Trustee's registered number, if limited company or plc

Trustee's full address

Postcode

Trustee's contact email address

Trustee's full name

Trustee's contact telephone number

Trustee's registered number, if limited company or plc

Trustee's full address

Postcode

Trustee's contact email address

Trustee's full name

Trustee's contact telephone number

Trustee's registered number, if limited company or plc

Trustee's full address

Postcode

Trustee's contact email address

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

Section 2 – Information about Trustees – continued

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 registered number, if limited company or plc

Confirmation if a copy of deed is enclosed

Trustee's full name

Trustee's full address

<input type="text"/>
<input type="text"/>
Postcode

Provide details of the Pension Scheme Manager, if applicable.

Pension Scheme Manager's full name

Pension Scheme Manager's contact telephone number

Pension Scheme Manager's registered number, if limited company or plc

Pension Scheme Manager's full address

<input type="text"/>
<input type="text"/>
Postcode

Pension Scheme Manager's contact email address

Section 3 – Declaration

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

- The Principal Employer and by all 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 (Principal or participating), or Trustee;
- (ii) the proposed inclusion of any new employer in 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 Principal Employer
(and Scheme Trustee, if appropriate)

Trustee's full name

Position

Signature

Trustee's full name

Position

Signature

Full name

Position

Signature

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

Trustee's full name

Position

Signature

Trustee's full name

Position

Signature

Section 3 – Declaration – continued

Authorised representative of Trustees – if using this option please provide a copy of the authorisation when returning this form, if not already provided.

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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