

# 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

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](http://pru.co.uk/trustees)

Please complete, date and return the form to:

**Prudential  
Lancing  
BN15 8GB**

## Section 1 – Information about Employers

Principal Employer's name

Principal Employer's contact telephone number

Principal Employer's address

  
  
  


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

Postcode

Principal Employer's contact email address

Participating Employer's name

Participating Employer's contact telephone number

Participating Employer's address

  
  
  


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

Postcode

Participating Employer's contact email address

## Section 1 – Information about Employers – continued

Participating Employer's name

Participating Employer's contact telephone number

Participating Employer's address

Postcode

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

Participating Employer's contact email address

Participating Employer's name

Participating Employer's contact telephone number

Participating Employer's address

Postcode

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

Participating Employer's contact email address

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

## Section 1 – Information about Employers – continued

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.

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 – Information about Trustees

Trustee's full name

Trustee's contact telephone number

Trustee's full address

  
  

Postcode

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

  
  

Postcode

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

  
  

Postcode

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

  
  

Postcode

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 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 full name

Trustee's registered number, if limited company or plc

Trustee's full address

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

Confirmation if a copy of deed is enclosed

Confirmation if a specimen deed is required

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 full address

<input type="text"/>
<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:

Two representatives of 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, if applicable;
- (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

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

Authorised representative full name

Signature

For and on behalf of the Trustees

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

Position

Date

D	D	M	M	Y	Y	Y	Y
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