

SET UP QUESTIONNAIRE

Name of Scheme _____

Name of Company/Employer creating the Scheme _____

Serving Address for Pension Correspondence _____

Telephone Number _____

Contact Name _____

Email Address _____

Name of Accountant _____

Address _____

Telephone Number _____

Contact Name _____

Name of Financial Advisor _____

Address _____

Telephone Number _____

Contact Name _____

Trustees _____

Name of Trustee 1 _____

Date of Birth _____

Proposed Retirement Date _____

National Insurance Number _____

Home Address _____

Is this Trustee also a Member

Y/N

Name of Trustee 2

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member

Y/N

Name of Trustee 3

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member

Y/N

Name of Trustee 4 _____

Date of Birth _____

Proposed Retirement Date _____

National Insurance Number _____

Home Address _____

Is this Trustee also a Member Y/N

Name of Trustee 5 _____

Date of Birth _____

Proposed Retirement Date _____

National Insurance Number _____

Home Address _____

Is this Trustee also a Member Y/N

Register with Pensions Regulator Y/N (Pension Practitioner .Com to complete)

Administration Team Requirements _____

Please return this form to:

info@pensionpractitioner.com

Alternatively, post this form to:

Pension Practitioner .Com Limited

Daws House

33-35 Daws Lane

London

NW7 4SD

Signed:

Date:
