

PENSION AND EMPLOYEE BENEFITS QUESTIONNAIRE

Please supply as much information as possible in each of the sections below. Where necessary, please continue your answers on a continuation page.

If more than one arrangement exists for any of the types of scheme listed, please make sufficient photocopies of the blank questionnaire to enable the information for each arrangement to be recorded separately.

Employer's name (the Employer):	[Company name]
Your name:	[Director name]
Your position:	Director
Your contact details:	Telephone: Email:
I authorise Turpin Barker Armstrong to request The Pensions Service to provide them with details of all pension schemes connected with the Employer and confirm that the facts set out below are correct.	Signature:

Please provide the contact details of any financial or employee benefit advisers who assisted in setting up or running any pension or benefit schemes listed below.

Adviser 1	
Adviser 2	

What is the Employer's next re-enrolment date?	
What is the Company's PAYE reference? e.g. 123/AB1234	
What is the Company's PAYE Account Office Reference? e.g. 123/AB12345678	
What is the letter Code from the Pensions Regulator? a 10 digit reference	

Has the employer registered a pension scheme with the Pensions Regulator to meet its obligations under Auto Enrolment? If 'Yes' please provide full details in the next section.	Yes / No
Has the employer ever received a Warning Notice, Compliance Notice, or an Unpaid Contribution Notice from the Pensions Regulator? If 'Yes' please provide details.	Yes / No

Details of the pension scheme used to satisfy Auto Enrolment requirements:

Scheme name and address	
Scheme provider and reference number	
Employer Pension Scheme Reference (EPSR) number, or Pension Scheme Registry Number (PSRN)	
What records are kept to record the identity of 'workers' and to record any workers who opted not to join?	

Other employee pension schemes:

Does the employer operate a pension scheme for staff, or has it done in the past? If 'Yes' please provide details of the following:	Yes / No
Full Scheme Name:	
Scheme Type:	Final salary/Money Purchase/Group Personal Pension/Other (please advise)
Name and contact details of Scheme Trustees:	

Name and contact details of Scheme Administrator:	
Contact details of Insurer and Scheme/Policy number:	

Directors'/Executive pension schemes:

Is there a separate pension scheme for directors/executives, or has one existed in the past? If 'Yes' please provide details of the following:	Yes/No
Full Scheme Name:	
Scheme Type:	Final salary / Money Purchase / SSAS / GPP / Master Trust / Other (please advise)
Name and contact details of Scheme Trustees:	
Name and contact details of Scheme Administrator:	
Contact details of Insurer and Scheme/Policy number:	

Other employee and director/executive benefits:

Is there a separate life assurance scheme? If 'Yes' please provide details of the following:	Yes / No
Full Scheme Name:	
How was it established?	Trust based/Policy based
Name and contact details of trustees (if applicable):	
Name and contact details of Scheme Administrator:	
Contact details of Insurer and Scheme/Policy number:	
Is there a Permanent Health (Income Protection) scheme?	Yes / No
Scheme Name:	
Insurer and policy number:	
Contact telephone number:	
Is there a Private Medical Insurance scheme?	Yes / No
Scheme Name:	
Insurer and policy number:	
Contact telephone number:	

Are there any other employee benefit schemes?	Yes / No
Scheme Name:	
Type of scheme:	
Insurer and policy number:	
Contact telephone number:	

Name of director:

Signature of director:

Date: