

PENSION SCHEME TRUSTEE SERVICES APPLICATION FORM



WHICH SERVICE IS REQUIRED

SOLE TRUSTEE JOIN TRUSTEE TRUSTEE ADVISOR TRUSTEE TRAINING

WHERE SOLE TRUSTEE / JOINT TRUSTEE OR TRUSTEE ADVISOR IS REQUIRED PLEASE COMPLETE THE BELOW

SCHEME DETAILS

SCHEME NAME

SCHEME TYPE – DC / DB SCHEME START DATE

SCHEME OPEN FOR NEW MEMBERS YES / NO

SCHEME ADMINISTRATOR

ADMINISTRATOR / INSURANCE COMPANY

SCHEME REFERENCE NO SCHEME START DATE

CONTACT NAME NUMBER EMAIL

SPONSORING EMPLOYER

EMPLOYER NAME

TRADING ADDRESS

REGISTERED ADDRESS

CONTACT NAME NUMBER EMAIL

SCHEME BROKER / ADVISOR

ADDRESS

CONTACT NAME NUMBER EMAIL

MEMBERSHIP DETAILS

TOTAL NO OF MEMBERS

CURRENT DEFERRED RETIRED

EXISTING TRUSTEE(S) DETAILS

NAME

ADDRESS

CONTACT NAME NUMBER EMAIL

ADDITIONAL INFORMATION – PLEASE USE ADDITIONAL PAPER IF REQUIRED

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OFFICE USE ONLY

SP		A	
SM		B	
BKR		T	