

PENSION SCHEME DECLARATION BY THE EMPLOYER

1. Do you, or have you, ever operated a company pension scheme(s) for any one or more employees? YES/NO (Please circle as appropriate)
2. If yes, please complete the table below for each scheme, otherwise sign and date the declaration to confirm that you never operated a company pension scheme

Name of Scheme(s) & Policy Number if known	8 digit Pension Scheme Registration Number	Type of Scheme - Defined Benefit, Money Purchase or Hybrid	Last known address and name of the Trustees or Managers of the Scheme (include pension scheme address if different from the Trustees or Managers address)	Telephone number, Fax number & e-mail address for the Trustees or Managers of the Scheme
1.				
2.				
3.				
4.				
5.				

Signed:

Date:

Position within the Company: