



Elite Pension Trustee Liability

Discontinuance Proposal

Sponsoring Employer Details

Name of Sponsoring Employer: _____

Principal Address: _____

Business Description: _____

Is the sponsoring employer still trading? Yes No

If 'No', please give details below:

Scheme Details

Name of scheme: _____

Date scheme established: _____

Please tick box to indicate type of scheme:

Defined Benefit Defined Contribution
Mixed Benefit/Hybrid Other

Please provide figures for:

Number of active members prior to wind-up _____ currently _____
Number of deferred members prior to wind-up _____ currently _____
Number of pensioners prior to wind-up _____ currently _____

Date scheme will commence/commenced wind-up: _____

Please provide details on why the scheme is winding-up/wound-up:



ACE European Group Ltd.
ACE Building
100 Leadenhall Street
London EC3A 3BP

+44 (0)20 7173 7000 *tel*
+44 (0)20 7173 7800 *fax*
www.aceeurope.co.uk

Authorised and regulated by
the Financial Services Authority
Registered in England and Wales
number 1112892

Scheme Financials

- 1) What is the current market value of scheme assets?: _____
- 2) What was the value of scheme assets before commencement of wind-up?: _____
- 3) What is the expected date of final disbursement of scheme assets?: _____
- 4) When was the last valuation carried out? _____
- 5) What was the latest funding position of the scheme? _____

Please provide details of surplus or deficit, method of calculation (e.g. ongoing, solvency and PPF basis and proposed method of addressing surplus/deficit position:

6) Have all payments been paid across from the sponsoring employer on time, and in accordance with actuarial recommendations?: Yes No

If 'No', please give details below:

Trustees

7) Please tick 'Yes' to confirm that:

- All trustees are/were formally appointed Yes No
- One third of the trustees are/were nominated and selected by the membership Yes No
- The trustees meet/met regularly (i.e. at least twice a year) Yes No
- Formal minutes are/were taken of all trustee meetings Yes No
- Decisions are/were undertaken using a unanimous process, or that the trust deed and rules allowed for majority decisions to be taken Yes No

If the answer to any of the above is 'No', please give details below:

8) Are/were there any professional trustees on the trustee board? Yes No

9) Do/did all trustees undergo initial and ongoing training on their responsibilities and liabilities? Yes No

Investment

10) Please provide details of when the scheme investment strategy was last reviewed and any action taken as a result:

11) Are/were any of the scheme assets invested in or loaned to the Sponsoring Employer and/or its subsidiaries and/or associated companies? Yes No

If 'Yes', please give details below:

12) Does/did the employer company and/or its subsidiaries act as investment managers for any plan assets? Yes No

If 'Yes', provide details on size of assets managed, qualifications/experience of those involved and whether they are Approved Persons in terms of the Financial Services and Markets Act below:

Process

13) Are/were all administration records complete? Yes No

If 'No', please provide details below:

14) Have any issues been encountered in securing contracting-out benefits? Yes No

If 'Yes', please give details below:

15) Have all benefits (including GMPs where applicable) been equalised? Yes No

If 'No', please give details below:

16) Are there any persons entitled to pensions who cannot be accounted for/traced? Yes No

If 'Yes', please give details below:

17) Please advise the basis on which members' benefits are to be/have been secured together with the name(s) of life assurance companies:

18) In line with the requirements set out under the Pensions Act 1995 and 2004, please tick 'Yes' to confirm that:

There is/was a Statement of Investment Principles in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>
There is/was a certified Schedule of Contributions/Payment Schedule in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The trustees had established and published a formal Internal Dispute Resolution Procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Procedures had been established to ensure Equal Treatment is followed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Procedures had been established to comply with court orders on divorce	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the scheme has any defined contribution elements, annual statutory money purchase illustrations are/were provided in addition to the annual benefit statements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A Statement of Funding Principles had been produced (not required until after Sept. 2005)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'No' please give details below:

19) Please name the following service providers and year appointed:

Custodian	_____	_____
Administrator	_____	_____
Investment Manager	_____	_____
Legal Advisor	_____	_____
Actuary	_____	_____
Auditor	_____	_____

Have/had all the above been approved and formally appointed by the trustees (or in the case of administrator, the employer)? Yes No

If so are/were they appointed under written contract? Yes No

If 'Yes', does/did this contract require them to maintain fidelity and professional indemnity insurance? Yes No

Are/were there service agreements in place between the trustees and service providers? Yes No

20) Has a significant breach of statutory duty/legislative requirement/trust deed and rules ever been reported on the scheme? Yes No

If 'Yes', please give details below:

Insurance Details

21) Please respond to the following:

Has there ever been or is there pending any claim or legal proceeding against any trustee, director, partner or employee or against the employer company, corporate trustee company or any subsidiary arising out of any scheme? Yes No

Is the proposer aware, after enquiry, of any circumstances, incident or investigation, which may give rise to a claim? Yes No

If the answer to any of the above is 'Yes', please give full details below (including full history and dates.)

22) Please respond to the following

Has trustee insurance or fidelity insurance ever been refused, cancelled or non-renewed? Yes No

Is there any existing Pension Trustee Liability cover in place for any the proposed plan(s)? Yes No

If the answer to any of the above is 'Yes', please give full details below (including renewal dates, limits and deductibles applied)

Declaration

I declare: (i) that the statements and particulars in this proposal (including the Pension Plan Details) are true and that no other material facts have been misstated or suppressed after enquiry; and (ii) I have obtained, and will obtain in the future, the express consent to the disclosure and use of sensitive personal data from every data subject whose sensitive personal data is supplied in relation to this proposal for the purposes of a (a) underwriting the risks and (b) performing any resulting insurance contract.

I agree that this proposal, together with any other information supplied shall form the basis of any Contract of Insurance effected thereon. I undertake to inform the Insurer promptly in writing of any material alteration to those facts occurring before completion of the contract of insurance.

I confirm that if the premium for this insurance is to be paid from the fund, there is provision in the Trust Deed to allow this.

Signed _____ Dated _____
(for and on behalf of the Sponsoring Employer Company/Trustee)

Print Name _____ Position _____

Please enclose with this Proposal form:

- Latest sponsoring employer report and accounts
- Latest scheme report and accounts
- Latest actuarial valuation report, if applicable
- Copies of advertisements for missing beneficiaries
- Copies of any relevant communications to members

Please indicate what Limit of Indemnity is required?

- £1 million
- £2 million
- £3 million
- £4 million
- £5 million