

Pension Practitioner

SET UP QUESTIONNAIRE

Name of Scheme:

PORTCULLIS EXECUTIVE PENSION PLAN

Name of Company/Employer
creating the Scheme:

LONSDALE RISK SOLUTIONS LIMITED

Serving Address for Scheme
Correspondence:

7 & 9 LONSDALE GARDENS.

TUNBRIDGE WELLS.

TNI. INN.

Telephone Number:

07431-572909.

Contact Name:

DEALE JACKSON

Email Address:

dealejackson@gmail.com

**Please provide details of your
Company/Business's accountant**

Name of Accountant:

N/A.

Address:

Telephone Number:

Contact Name:

**Please provide details of your
Financial Advisor**

Name of Financial Advisor:

Address:

N/A

Telephone Number:

Contact Name:

Trustees

Name of Trustee 1:

ANDREW PURDIE

Date of Birth:

National Insurance Number:

Home Address:

Is this Trustee also a Member?

Y/N

Yes.

Name of Trustee 2:

PHILIP GOOCH

Date of Birth:

National Insurance Number:

Home Address:

Is this Trustee also a Member?

Y/N Yes

Name of Trustee 3:

DAVID ASHTON

Date of Birth:

National Insurance Number:

Home Address:

Is this Trustee also a Member?

Y/N Yes

Name of Trustee 4:

Date of Birth:

National Insurance Number:

Home Address:

Is this Trustee also a Member?

Y/N

Name of Trustee 5:

Date of Birth:

National Insurance Number:

Home Address:

Is this Trustee also a Member?

Y/N

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

Administration Team Requirements: PLEASE APPLY FOR ADMIN ID NUMBER.

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

Fax: 020 8711 2522
Phone: 0800 634 4862

Signed:

Date: