



Employer questionnaire

OCCUPATIONAL PENSIONS

Abacus Pension
Trustees Limited

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 **ABACUS**
FINANCIAL SERVICES • EST. 1974



IMPORTANT INFORMATION

The information provided in this questionnaire will assist us in the establishment of an occupational pension scheme that is tailored to your requirements and fully complies with the laws and regulations for pension schemes in Gibraltar.

This form does not constitute an application and will be treated on a non-obligation basis. It will allow us to further understand the type of pension scheme that you, as the employer, are looking for, so that we can conduct the necessary research and provide you with a detailed fee schedule.

01. Employer details

COMPANY NAME: _____

ADDRESS: _____

COMPANY REGISTRATION NUMBER: _____

NATURE OF BUSINESS: _____

NAME OF CONTACT PERSON: _____

TELEPHONE: _____

E-MAIL: _____



02. Employee details

APPROXIMATE NUMBER OF ELIGIBLE ACTIVE EMPLOYEES: _____

APPROXIMATE NUMBER OF DEFERRED EMPLOYEES: _____

WILL ANY ELIGIBILITY CRITERIA TO JOIN THE PENSION SCHEME APPLY?
IF SO, PLEASE PROVIDE DETAILS:

WILL THERE BE A WAITING PERIOD BEFORE QUALIFYING FOR
PENSION ENTITLEMENT?

03. Contributions

Please state below the level of contributions to be made by the employer and by the employee as a % of gross annual salary. If it is not a mandatory condition of the scheme for the employees to contribute, then the employee field below may be left blank.

EMPLOYER ONLY: ▼ GROUP UMBRELLA SCHEME	%
EMPLOYEE ONLY:	%

SHOULD A MORE SPECIFIC CONTRIBUTION ARRANGEMENT HAVE ALREADY BEEN
DECIDED (SUCH AS "MATCHING CONTRIBUTIONS") PLEASE EXPLAIN THIS BELOW:



04. Membership

Some employers will contribute different rates for different groups of employees e.g. Senior Management. If employee sub groups will apply to your scheme, please provide further details below:

EMPLOYEE SUB GROUP	Number of employees in each group	% of the contributions if different categories are to benefit in different ways

Are part time employees to be included in the pension scheme? _____



05. Type of pension scheme required

Will the company be looking to set up an occupational pension scheme or will a pension be set up for each employee on an individual basis?

Please tick relevant box:

☐ OCCUPATIONAL PENSION SCHEME – GROUP UMBRELLA SCHEME

☐ PERSONAL PENSION SCHEME

06. Pension term assurance

Is life assurance required?

☐ **REQUIRED:** YES

☐ NO

☐ **BASIS OF COVER
REQUIRED?**

☐ 3x SALARY

☐ 4x SALARY

☐ SET AMOUNT? £ _____

07. Refunds

Refund of employee contributions for leavers:

☐ **LESS THAN** 1 2 3 4 5 **YEARS OF DATE OF JOINING**

(Please indicate which is required by circling the number above. Please leave blank if you do not wish to allow any refund of contributions.)



08. Pension scheme details

PLEASE INDICATE NORMAL RETIREMENT AGE FOR SCHEME MEMBERS: _____

WILL THE PENSION SCHEME ALLOW BENEFITS TO BE TAKEN EARLIER THAN THE NORMAL RETIREMENT DATE?

YES

NO

PLEASE INDICATE WHETHER PENSION MEMBERS WILL BE ALLOWED TO WITHDRAW THEIR PENSION BENEFITS AS A 100% CASH LUMP SUM AT THE SCHEME'S NORMAL RETIREMENT DATE.

YES

NO

IF PENSION RESTRICTIONS ON TAKING PENSION BENEFITS ARE TO APPLY, PLEASE INDICATE THESE BELOW:

09. Pension investments

It is a requirement for us to appoint an independent financial adviser (IFA) to recommend a suitable investment strategy for the pension scheme at the outset, as well as, to provide an ongoing review service to conduct an analysis of the ongoing performance and suitability of the selected investments at a pre-agreed frequency.

Please select one of the two options below:

We would like you to obtain a non-obligation price quote from Abacus Wealth Management Limited to advise us on the pension scheme's investment strategy.

We would like to work with a regulated independent financial adviser of our choice and will approach them ourselves for a fee quote and give you the details in due course so you may appoint them onto your "approved IFA panel"



10. Any other instructions

PROPOSED COMMENCEMENT DATE: _____

OTHER COMMENTS OR INSTRUCTIONS:

11. Signature

SIGNED: _____

NAME: _____

TITLE: _____

DATE: _____

THANK YOU, WE LOOK FORWARD TO WORK WITH YOU!

TRUSTED TO DELIVER VALUE

Expert Wealth Management & Financial Solutions

The Abacus Group

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