

Please answer **ALL** questions completely.  
Should any question or part thereof not be applicable, please state "N/A".  
Should insufficient space be provided, please continue on your company letterhead.

***Please include the latest Audited Financial Statements***

1. Name of Insured \_\_\_\_\_
2. Name of fund \_\_\_\_\_
3. Address of fund/Head office \_\_\_\_\_  
Post code \_\_\_\_\_
4. VAT number \_\_\_\_\_
5. Company website \_\_\_\_\_
6. Country of registration \_\_\_\_\_
7. Total market value of all funds \_\_\_\_\_ R
8. Is any fund in the process of being wound up or merged with another fund? Yes  No   
If Yes, please provide full details (including the date final disbursement of all funds are expected)  
\_\_\_\_\_  
\_\_\_\_\_
9. Total assets of the fund \_\_\_\_\_
10. Is the Fund: Fully funded, shortfall, underfunded, etc.  
\_\_\_\_\_
11. Number of contributors to the fund \_\_\_\_\_
12. Average monthly contributions  

Employees	Company
13. Average monthly outflows \_\_\_\_\_
14. Is the fund self-administered? Yes  No   
If No, who are the administrators of the fund and for how long?  
\_\_\_\_\_  
\_\_\_\_\_

**Pension/Provident/Retirement Fund Details**

1. Specify what type of fund is provided – Defined Benefit/Defined Contribution/Other  
\_\_\_\_\_  
\_\_\_\_\_
2. Number of members Active/Deferred/Retired  

Active	Deferred	Retired

3. Does the fund comply with the Minimum Funding Requirement Yes  No

If NO, provide full details as to why and when it will ensure compliance within the statutory timescales

4. What was the date of the latest Annual Funding Certificate signed by the fund actuary

5. Who provides the following services to the Funds and how long have they been providing these services

	Name	Duration
Custodian		
Administrator		
Investment Manager		
Legal Advisor		
Actuary		

6. Are all of the above appointed or approved by the Trustees and are there written contracts in place? Yes  No

7. Do these service providers carry their own fidelity and professional indemnity insurance? Yes  No

8. Does the Investment Manager possess full investment discretion? Yes  No

9. USA funds: Please provide full details of any USA funds

10. Does the Investment Manager possess full investment discretion? Please confirm that at this point in time, the funds are compliant with all local regulations and laws pertaining to Pension/Provident/Retirement funds. Yes  No

11. Please provide a copy of the latest Actuarial Report on the fund/s where legally required to be assessed by an actuary.

### Trustees

1. Number of trustees \_\_\_\_\_

2. Length of service as trustees \_\_\_\_\_

3. Confirm that one third of the Trustees are nominated and selected by the members of the fund Yes  No

4. Are procedures in place to assess the suitability of persons appointed to act as Trustees Yes  No

### Control Procedures

1. Have any significant recommendations been made about internal systems by either internal or external auditors? Yes  No

Please explain in detail

2. Is the fund/scheme(s) subject to internal audit Yes  No

a. How often are procedures reviewed? \_\_\_\_\_

b. How receives the report/s? \_\_\_\_\_

c. Have all recommendations been implemented? Yes  No

3. How frequently do the trustees meet? \_\_\_\_\_

4. Is dual control required for:
- a. Signing cheques Yes  No
- b. Disbursement of assets or funds of the fund/scheme Yes  No
- c. Investment in and custody of securities and other like valuables Yes  No
5. What procedure is used to issue and authorise fund transfer instructions? *Please provide full details on a separate attachment, include format, bank acknowledgment and confirmations.*
6. Does the Pension Scheme enter into any stock lending activities? Yes  No
- If Yes, what procedures are in force to ensure the authenticity of the other parties and to ensure the return of original stock?

7. Are passwords used to afford varying levels of entry to the computer system Yes  No
8. Are these regularly changed when there is any turnover in personnel Yes  No

### Management/Investment

1. Are all assets held in custodianship independently from the employer company and investment manager Yes  No
2. Confirm that any self-investment in the employer company by any fund DOES NOT exceed 5% of fund Yes  No

### Insurance & Loss Details

1. Has there OR are there any pending claims or legal proceeding against any Trustee, Director, Officer, Partner or Employee, or against the Employer Company or Corporate Trustee Company or any subsidiary arising out of any retirement fund? Yes  No
- If Yes, please provide full details
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2. Is the proposer aware, after enquiry, of any circumstances, incident or investigation which may give rise to a claim? Yes  No
- If Yes, please provide full details
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3. Has any similar trustee insurance or fidelity insurance ever been refused, cancelled or non-renewed? Yes  No
- If Yes, please provide full details

### Limit of Indemnity

	Option 1	Option 2	Option 3	Option 4
Quote	_____	_____	_____	_____
Deductible	_____	_____	_____	_____

### Privacy

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

## Declaration

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorized signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief.

We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

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Name

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Capacity

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Signature of the proposer

Date

Y	Y	Y	Y	M	M	D	D
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