

Application for a direction to suspend the trustee’s power to enforce the withdrawal debt



1.	Part 1: The cessation employer	
1.1	Name of cessation employer (and company registration number if applicable): <i>If the application relates to more than one cessation employer, please see note 1.</i>	
1.2	Address and contact details of cessation employer:	
1.3	Nature of cessation employer’s business:	
1.4	Name of cessation employer’s legal representative:	
1.5	Contact details for cessation employer’s legal representative:	

Note 1

The cessation employer is the person who has ceased or is ceasing to participate in a scheme.

If there is more than one cessation employer relying on the same set of facts and circumstances relating to withdrawal from a scheme, then it may be appropriate to apply jointly for a direction to suspend the trustees’ power to enforce the withdrawal debt. In this instance, please write the number additional cessation employer to be included in this application in question 1.1-1.3 of the application form (above) and attach the respective information as an annexe to the application form.

We may ask for a company registration or companies house number to distinguish between similarly named companies.

Where we ask for the nature of the cessation employer’s business, we are looking for a brief plain English description of what it is that the cessation employer does.

2.	Part 2: The trustees		
2.1	Please give the following details for each scheme trustee:		
	Name	Type of trustee <i>(see note 2)</i>	Connection with cessation employer, if any
2.2	Please provide the most appropriate details for contacting the trustees:		
2.3	Name of the trustees' legal representative:		
2.4	Contact details for the trustees' legal representative:		
<p>Note 2</p> <p>Types of trustee</p> <ul style="list-style-type: none"> • Corporate trustee (non professional) • Independent trustee (statutory) • Professional trustee (independent) • Member-nominated trustee (MNT) • Individual trustee 			

3.	Part 3: The cessation event	
3.1	Has the cessation event occurred prior to this application?	
3.2	Does the scheme (as specified in part 5: Scheme details) have a specific rule for apportioning debt owed at a cessation event?	
3.3	Why is the Pensions Regulator being called upon to issue a direction to suspend the trustees' power to enforce the withdrawal debt?	
3.4	<p>What correspondence has occurred to date between the cessation employer and the trustees on this subject?</p> <p><i>(Please attach copies of correspondence if appropriate.)</i></p>	

4.	Part 4: Supporting documents					
	<p>In addition to the documents suggested in question 3.4 above, the following may be sent with this application form when apply to the Pensions Regulator to issue a direction to suspend the trustees' power to enforce the withdrawal debt. Please use the corresponding tick boxes to indicate which documents have been sent in with this application form.</p> <ul style="list-style-type: none"> Board minutes or copy resolution of the relevant parties ratifying a proposed move to withdraw from the scheme A statement of the steps that have been taken to demonstrate that cessation has occurred or is very likely to occur A document provided by the actuary to support the figures shown in part 5 of this application form A statement identifying any potential conflicts of interest and how these are to be managed plus a copy of any legal advice received on this point. <p><i>(We are aware that legal advice is subject to privilege. That legal privilege belongs to the client and it will be up to the client to decide if they wish to waive that privilege. If no including a copy of the advice, please include a statement confirming that legal advice was taken)</i></p>					
		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="width: 40px; height: 25px;"></td></tr> <tr><td style="width: 40px; height: 25px;"></td></tr> <tr><td style="width: 40px; height: 25px;"></td></tr> <tr><td style="width: 40px; height: 25px;"></td></tr> </table>				
	If you have attached any other documents relating to this application, please list them below.					

5.	Part 5: Scheme details	
	Scheme name:	
	PSR number:	
	Type of scheme:	<input type="checkbox"/> Defined benefit
		<input type="checkbox"/> Hybrid
	Scheme status:	<input type="checkbox"/> Open
		<input type="checkbox"/> Closed to new members
		<input type="checkbox"/> No further accrual

5. Part 5: Scheme details (continued)		
Number of members in relation to the whole scheme :	Date calculated	
	Total	
	Pensioners	
	Deferred	
	Active	
Number of members in relation to the cessation employer(s) only :	Date calculated	
	Total	
	Pensioners	
	Deferred	
	Active	
Size of fund:		
Date of valuation:		
Deficit in relation to the whole scheme: <i>Please insert the date(s) the deficits were assessed or estimated.</i>	On s75 buy-out or estimated discontinuance basis	
	PPF	
	Ongoing	
	Scheme specific funding	
	FRS17	

5. Part 5: Scheme details (continued)		
Deficit in relation to the cessation employer(s) only: <i>Please insert the date(s) the deficits were assessed or estimated.</i>	On s75 buy-out or estimated discontinuance basis	
	MFR	
	FRS17	
Please list all employers that currently participate in the scheme and could be liable for any shortfall on wind-up. Please also provide addresses for the service of documentation. (see note 3)		
<p>Note 3</p> <p>All other employers in the scheme that could be liable to pay any shortfall on wind-up may be directly affected by the regulator's decision to suspend the trustees from enforcing the withdrawal debt, and they must have an opportunity to make representations.</p> <p>If there are lots of employers you may want to seek confirmation that they are content for the principal (or other) employer to accept service on their behalf.</p>		

6.	Part 6: Submission details	
6.1	Please provide the name and contact details of the person submitting this application:	
6.2	I confirm that the contents of this application form, and the documents provided with it, are true to the best of my knowledge.	
	Signed by: <i>(the person detailed in 6.1 above)</i>	
	Print name:	
	Dated:	

All documents and correspondence should be clearly labelled and addressed as follows:

**Corporate Risk Management
The Pensions Regulator
Napier House
Trafalgar Place
Brighton
BN1 4DW**

'To be opened by Addressee Only'

Or you can email this document to:

clearance@thepensionsregulator.gov.uk

Please note that sending information by email is not secure and is done so at your own risk.