

IAPF PQS

Name of Scheme: _____

Detail	Comment
Contributions	
<input type="checkbox"/> Evidence how you meet the contribution standard	
<input type="checkbox"/> Non-Contributory Scheme to the members for which the employer contributes 10% (min.) of basic annual salary.	
<input type="checkbox"/> Overall contribution of at least 10% of basic annual salary of which 6% is Employer	
<input type="checkbox"/> An overall rate of 15% of basic annual salary of which Employer contributes 8% (min.) will qualify for a standard with merit.	
<input type="checkbox"/> Confirmation that risk costs are in addition to the above	
<input type="checkbox"/> For matching contribution schemes, evidence that the overall contribution between employer and ordinary contributions equates to 10% of which 6% is employer	
Communications	
<input type="checkbox"/> Evidence of the following: <ul style="list-style-type: none"> ▪ Annual Benefit Certificate ▪ Statement of Reasonable Projection) ▪ Explanatory Booklet which affirms adherence to the contribution standard 	
<input type="checkbox"/> Communication Material: <ul style="list-style-type: none"> ▪ Example of joining communications ▪ Sample presentation to new and/ or existing scheme members ▪ Investment options explanation document ▪ Example of ongoing communications ▪ Example of 'at retirement' communications (if applicable) 	

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Governance	
<input type="checkbox"/> Sample Trustee Board agenda	
<input type="checkbox"/> Confirmation that at least one annual meeting has been held in a scheme year	
<input type="checkbox"/> Evidence of a SIPP (where applicable) and evidence that it has been reviewed periodically	
<input type="checkbox"/> Trustee confirmation that your scheme adheres to the IAPF Investment Guidelines	
<input type="checkbox"/> Management Committee meeting agenda (if applicable)	
<input type="checkbox"/> Information about the annual scheme review	
<input type="checkbox"/> Trustee declaration that the scheme is compliant with all applicable legislation	
<input checked="" type="checkbox"/> Any other information or documentation which you believe is relevant including relevant Service Level Agreements (SLAs)	

IAPF Sign-Off: _____ Name: _____

Block Capitals

I confirm that the review process certifies that the above Scheme meets the PQS standard and is due for formal review on ____/____/20__.