



## Run-Off / Overlooked Beneficiary Insurance Indication Form

AXIS Specialty London  
 4<sup>th</sup> Floor, Plantation Place South, 60 Great Tower Street, London EC3R 5AZ  
 Telephone: 020 7877 3800 · Fax: 020 7877 3840 · www.axiscapital.com

Please ensure that all questions are answered fully and correctly. Once completed please send this form to AXIS Insurance/E&O Professionals.

1. Name of Pension Scheme:

2. Size of fund assets at date Scheme commenced 'wind-up':

3. Date Scheme closed:

4. Date Scheme commences/commenced 'wind-up':

5. Is there any Surplus? (please place a cross next to the relevant answer)

<b>Yes</b>		<b>No</b>	
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If 'Yes' please specify how much:

6. Please specify the basis of this calculation – E.G M.F.R? (please place a cross next to the relevant answer)

7. Is there any Deficit? (please place a cross next to the relevant answer)

<b>Yes</b>		<b>No</b>	
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If 'Yes' please specify how much:

8. Please specify the basis of this calculation – E.G M.F.R? (please place a cross next to the relevant answer)

9. Is the Scheme: (please place a cross next to the relevant answer)

<b>Defined Benefit</b> <small>(final salary)</small>		<b>Defined Contribution</b> <small>(money purchase)</small>	
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10. Please state number of members in the Scheme:

<b>Total</b>	
<b>Current Active</b>	
<b>Deferred Pensioners</b>	
<b>Pensions in payment</b>	



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11. Date Scheme was established:

[Grey input box for Date Scheme was established]

12. Limit of Indemnity required:

[Grey input box for Limit of Indemnity required]

13. Anticipated date for completion of 'wind-up':

[Grey input box for Anticipated date for completion of 'wind-up']

**Declaration**

I/We the undersigned hereby declare that to the best of our knowledge and belief the Particulars set forth herein are true. We agree that if any of the said Particulars have been written by any other person, such person shall for that purpose be regarded as our agent and not the agent of any Insurer. I/We also agree that, although the signing of this Proposal Form does not bind us to effect Insurance, the said Proposal and Particulars shall be the basis of the Contract should a Certificate be issued and will be incorporated in the said Certificate.

**Signed**..... **Date**.....

Completion of this Proposal Form does not bind AXIS Insurance/E&O Professionals to complete a Contract of Insurance. No Cover is applicable until confirmed by AXIS Insurance/E&O Professionals. A copy of this Proposal Form should be retained by you for your records.

**Data Protection**

I understand and give explicit consent that the information I provide about myself and other persons named in this proposal, including any sensitive personal data, will be passed to or used by AXIS Insurance/E&O Professionals and its agents for my insurance. This includes underwriting, processing, claims handling and preventing fraud, and could include passing information to re-insurers, other insurers and subcontractors in the UK or any other country (even those which have limited Data Protection laws).