



SSAS Practitioner.com
The SSAS Specialist

Lowering Fees, Enhancing Retirement

SMALL SELF ADMINISTERED SCHEME (SSAS)

APPLICATION FORM

| | |
|---------------------|--|
| SCHEME NAME: | |
| Number of Members: | |

| | |
|---|--|
| Principal Employer Name: | |
| Date Company Started Trading: | |
| Registered Office Address: | |
| How long has the company been at this address? | <input type="checkbox"/> More than 12 months <input type="checkbox"/> Less than 12 months |
| Postcode: | |
| Telephone Number: | |
| Fax Number: | |
| Email Address: | |
| Has the company been dormant within the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nature of Business: | |
| Employer Year End: | |
| Companies House Registration Number: | |
| Corporation Tax Ref: | |
| PAYE Tax Ref: | |
| VAT Registration (if applicable): | |
| Number of employees including directors: | |



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| | |
|--|--|
| Directors Details: | |
| Director 1: | |
| Name: | |
| Address: | |
| Telephone Number: | |
| Unique Tax Reference (Self Assessment UTR): <small>(If no SA UTR please confirm the reason why)</small> | |
| National Insurance (NI) Number: | |
| Date of Birth: | |
| Director 2: | |
| Name: | |
| Address: | |
| Telephone Number: | |
| Unique Tax Reference (Self Assessment UTR): <small>(If no SA UTR please confirm the reason why)</small> | |
| National Insurance (NI) Number: | |
| Date of Birth: | |
| Director 3: | |
| Name: | |
| Address: | |
| Telephone Number: | |
| Unique Tax Reference (Self Assessment UTR): <small>(If no SA UTR please confirm the reason why)</small> | |
| National Insurance (NI) Number: | |
| Date of Birth: | |

NOTE: If more than 3 directors, please continue on a separate sheet.



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INDEPENDENT FINANCIAL ADVISER (IFA) DETAILS

Please give details of the IFA who will provide advice to the member trustees, if applicable:

| | |
|--------------------------|--|
| Contact Name: | |
| Address: | |
| Postcode: | |
| Telephone Number: | |
| Fax Number: | |
| E-mail Address: | |
| FCA Registration Number: | |

ACCOUNTANT DETAILS

Please give details of the Accountant who will provide advice to the member trustees, if applicable.

| | |
|-------------------|--|
| Contact Name: | |
| Company Name: | |
| Address: | |
| Postcode: | |
| Telephone Number: | |
| Fax Number: | |
| Email Address: | |



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INITIAL CONTRIBUTIONS DETAILS

| Member Name: | Amount (£): |
|--------------|-------------|
| | |
| | |
| | |
| | |

- *Please provide details of the proposed contribution broken down between each member.*
- **Warning* - If a member has benefits which are subject to protection, the protection may be lost if a contribution is paid by/for them.*
- *Please ensure you seek independent advice from your financial adviser or accountant before paying contributions into the scheme.*

INTENDED INVESTMENTS

| <i>For example - commercial property or loan to principal employer</i> |
|--|
| |
| |
| |
| |
| |
| |
| |



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ADDITIONAL PARTICIPATING EMPLOYER

Is any employer, other than the Principal Employer, to participate in the SSAS?

| | |
|--|-----|
| | YES |
| | NO |

If 'YES', please complete the following:

| | |
|---|--|
| Name of the Participating Employer: | |
| Companies House Registration Number: | |
| Relationship to the Principal Employer: | |

BANK ACCOUNT

It is necessary to open a bank account for the scheme once it has been approved by HMRC. SSAS Practitioner.com offer a selection of banks. Alternatively, trustees can use a bank of their choice. Please provide confirmation of the bank you wish to use (if using your own) in the box below:

| | |
|-------------------|--|
| Bank Name: | |
| Contact Name: | |
| Bank Address: | |
| Postcode: | |
| Telephone Number: | |
| Fax Number: | |
| Email Address: | |



SMALL SELF ADMINISTERED SCHEME (SSAS)

APPLICATION FORM

On behalf of the Principal Employer we agree to establish the SSAS.

The information provided on this form is correct to the best of our knowledge.

One/Two Directors or a Director and Company Secretary to sign:

| | |
|-------------|--|
| Signature: | |
| Print Name: | |
| Position: | |
| Date: | |

| | |
|-------------|--|
| Signature: | |
| Print Name: | |
| Position: | |
| Date: | |

NOTES

The information on this form and any supplementary information provided by you and/or your nominated advisers, now or in the future, will be used by SSAS Practitioner.com to:

1. Set up and manage the pension scheme;
2. Send information relating to the pension scheme to any of the trustees of the scheme;
and
3. Give essential information about your pension to others, if this is necessary to run your scheme and for regulatory purposes.

The Scheme Year End will be 5th April - consistent with HMRC's reporting requirements.



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APPLICATION CHECKLIST

Included with this application, we require the following documents:

| | | Yes (Please tick) | To Follow (Please tick) |
|--|--------|-------------------------|-------------------------------|
| Member Questionnaire for each Trustee | | | |
| Anti Money Laundering Documents for each Trustee (see Member Questionnaire) | List A | | |
| | List B | | |
| Signed Fee Agreement | | | |



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VAT Registration Number | 983834865
Data Controller Number | Z2068455
HMRC Practitioner Registration Number (ID) | 00017124

Registered with HMRC as a Trust and Company Service Provider | Reference 12587196
Full PI Insurance held
Member of AMPS (Association of Member-Directed Pension Schemes)