

# SSAS MEMBER QUESTIONNAIRE (SCHEME TAKEOVER)



This questionnaire should be completed to provide information we require to take over the administration of the existing Small Self Administered Scheme (SSAS) of which you are already a Member. If you are unsure about any question in this application please seek advice from your Financial Adviser or @sipp Limited.

## Part A Scheme Details

Name of Scheme

Date Joined Scheme

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Principal Employer Name

Date Joined Employer

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## Part B Member Details

Permanent Residential Address

(If less than three years at this address please provide your previous address in the notes section on page 5)

Telephone Number

Email

Marital Status

Government Gateway Admin ID

NI Number

Mr/Mrs/Miss/Ms/Other		Surname
Forename(s)		
Postcode		
		Date of Birth

Are you

Male

Female

Spouse's/Civil Partner's Name

Date of Birth

Government Gateway Admin ID

Our firm has to comply with anti-money laundering regulations which requires us to verify the identity of all clients. In order to meet these requirements we subscribe to an electronic verification service. On the rare occasion that we are unable to confirm your identity this way, you may be required to produce documents such as your passport, driving licence and utility bills.

## Part C Notice of Beneficiaries – Expression of Wish

Should there be an entitlement to a lump sum or beneficiary's pension, I wish the payment's to be made as undernoted. I understand the SSAS trustees will pay due consideration to my wishes but will have absolute discretion as to the beneficiaries and the benefits to each.

Address	Mr/Mrs/Miss/Ms/Other		Surname
	Forename(s)		
	Postcode		
Relationship			
Date of Birth			%

Address	Mr/Mrs/Miss/Ms/Other		Surname
	Forename(s)		
	Postcode		
Relationship			
Date of Birth			%

Address

Mr/Mrs/Miss/Ms/Other		Surname
Forename(s)		
Postcode		

Relationship

Date of Birth

						%
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## Part D Benefits From Other Schemes

Do you have benefits in other pension arrangements?

Yes  No

Do you wish to transfer these to the SSAS?

Yes  No

If Yes, please complete a Transfer In form for each pension arrangement you wish to transfer to the SSAS.

## Part E Lifetime Allowance Protection

Have you registered for protection against the Lifetime Allowance?

Yes  No

If Yes, please indicate which protection applies. Please also send a copy of your certificate to us.

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Enhanced   | <input type="checkbox"/> Individual 2014                   |
| <input type="checkbox"/> Primary    | <input type="checkbox"/> Individual 2016                   |
| <input type="checkbox"/> Fixed 2012 | <input type="checkbox"/> Enhanced with Lump Sum Protection |
| <input type="checkbox"/> Fixed 2014 | <input type="checkbox"/> Primary with Lump Sum Protection  |
| <input type="checkbox"/> Fixed 2016 |  |

If you have a protected pension age, please state the age:

## Part F Benefits

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Please indicate which of the following statements will apply to your membership:

- I have received benefits under the scheme
- I have not received benefits under the scheme

Please provide the following information where benefits have been received.

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Original Crystallisation Date

					<b>Total Amount Vested £</b>
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Lifetime Allowance Used

£
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Pension Year

					to				
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Maximum Capped Pension

(if applicable)

Income Received This Year

£	<b>Review Date</b>			
£	<b>Last Payment Date</b>			

Payment Frequency

- Monthly       Quarterly       Annually

# Part G Member Declaration

## General

- I confirm that by completing this application, I agree to be bound by the Trust Deed and Rules
- I confirm I have read and understood the key features document
- I confirm I have not been disqualified from acting as a trustee of a pension scheme or as a company director
- I understand that my membership of the Scheme is based on the information I have provided on my application form. I agree to provide @ssas (Pension Trustees) Limited and @sipp Limited as administrators with any information reasonably required and to advise of any changes in that information within 30 days
- I understand that, where they are appointed Trustee, @ssas (Pension Trustees) Limited will be co-owners of all assets held under the Scheme and will be co-signatory on any Scheme bank accounts, along with myself and any other Member trustee(s)
- In the event that an unauthorised payment is made, I agree to the Scheme administrator deducting the amount of any scheme sanction charge, or other charge, levied by HMRC on the scheme administrator from the funds held for me under the Scheme in order to pay the charge to HMRC. If there are insufficient funds held for me under the Scheme, I agree to pay the Scheme administrator the amount by which the charge exceeds the value of my funds under the Scheme
- I understand and agree that @sipp Limited are entitled to charge fees and expenses for administering the Scheme and I confirm that I have received a copy of the schedule of fees current at the date of this application. I agree to pay the fees as set out in that schedule and that they will not be refunded if the Scheme is closed or transferred on any date other than the anniversary, given 30 days' notice. I further understand that the fees payable may be amended or increased from time to time, upon reasonable notice
- I understand and agree that, together with any other Member trustees (if applicable) I am solely responsible for all decisions relating to the purchase, retention and sale of investments forming part of the SSAS and that @ssas (Pension Trustees) Limited and @sipp Limited as administrators are jointly indemnified out of assets of the Scheme (or if these are insufficient, by me) against any claim in respect of such decisions
- I understand and agree that I will only request benefits to be paid that are within the current HMRC rules prevailing at the time of the request
- I understand and agree that there will be no earmarking of any assets to particular benefits or Members under the Scheme
- I understand that in the event of my death, whilst I would like the beneficiaries on the expression of wish form to be the recipients of any fund available, the surviving trustees have absolute discretion in the dispersal of the funds
- I confirm that, to the best of my knowledge and belief, the information and statements included in this application are true and correct.

## Data Protection

- I understand that under the Data Protection Act 1998, the Trustees are required to obtain my consent to process data about me. I therefore consent to the Trustees (and any data processor or other data controllers they may use) processing data relating to me for the purpose of administering and operating the Scheme. I also consent to such data being transferred to third parties in connection with the administration and operation of the Scheme
- I understand that I have the right to ask for a copy of the personal data held in respect of me in return for the payment of a small fee and to require @sipp Limited to correct any inaccuracies in that data.

<b>Signature</b>
<b>Name</b>

Date

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## Notes Area for Applicants



@sipp Limited  
6<sup>th</sup> Floor, Mercantile Building  
53 Bothwell Street  
Glasgow G2 6TS

**Tel:** 0141 204 7950  
**Fax:** 0141 243 2257  
**Email:** [mail@atssas.co.uk](mailto:mail@atssas.co.uk)  
**[www.atsipp.co.uk](http://www.atsipp.co.uk)**

The provision of Small Self Administered Schemes (SSASs) and trustee and/or administration services for SSASs are not regulated by the Financial Conduct Authority (FCA). Therefore @ssas (Pension Trustees) Limited and @sipp Limited are not regulated by the FCA in relation to these schemes or services.