



This questionnaire should be completed to establish a new Small Self Administered Scheme (SSAS). The information given on the questionnaire will be used to prepare the Trust Deed and Scheme Rules. All Scheme Members will be appointed as co-trustees. @ssas (Pension Trustees) Limited may also be appointed as a co-trustee. @sipp Limited will be appointed to undertake the administration of the scheme.

Please ensure that a completed Member Questionnaire accompanies this questionnaire for each Scheme Member.

## Part A Scheme Details

Do you wish to appoint @ssas (Pension Trustees) Limited as a trustee?

Yes  No

Name of Scheme

Commencement Date

Scheme Year End

Number of Members

Normal Retirement Age

Is the Scheme intended to be offered for autoenrollment?

Yes  No

Where there are to be events likely to affect the scheme within the first 12 months, please specify here, with as much detail as possible, e.g. property purchase, loan back

## Part B Principal Employer Details

Principal Employer Name		
Address for Correspondence		
	Postcode	
Time at this Address	Years	Months
Primary Contact Name		
Telephone Number		Fax Number
Email		

### Principal Employer Type

Limited Company

Limited Liability Partnership

Partnership

Other (please specify)

### Director/Partner Details

Names of Directors/Partners	DOB*	NI Number*	Self-Assessment Unique Taxpayer Reference*

\* You do not have to provide the information requested here, if it is already included in the SSAS Member Questionnaire & Trustee Declaration (New Scheme) form.

Is the Business trading?

Yes     No

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Has the company been dormant at any time in the last 12 months?

Yes     No

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**Number of Employees**

**Nature of Business**

**Registration Number**

**Corporation Tax Ref No.**

**VAT Reference No.**

**PAYE Reference No.**

Please also provide Certificate of Incorporation, including any Certificates of Incorporation relating to a change of name, and certified copy of Memorandum and Articles of Association for the Principal Employer.

Our firm has to comply with anti-money laundering regulations which requires us to verify the identity of all employers, sponsoring and associated, involved with the Scheme being established. In order to meet these requirements, we subscribe to an electronic verification service. On the rare occasion that we are unable to confirm an employer's identity this way, you may be asked to produce documentary evidence of the business name and business/trading address.

## Part C Participating Employer Details (if any)

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Participating Employer Name

Address for Correspondence

Primary Contact Name

Telephone Number

Email

Postcode	
	Fax Number

### Participating Employer Type

Limited Company

Limited Liability Partnership

Partnership

Other (please specify)

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Is the Business trading?

Yes     No

Number of Employees

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**Nature of Business**

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**Registration Number**

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**Corporation Tax Ref No.**

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**VAT Reference No.**

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**PAYE Reference No.**

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Please also provide Certificate of Incorporation, including any Certificates of Incorporation relating to a change of name, and certified copy of Memorandum and Articles of Association for the Participating Employer.

Our firm has to comply with anti-money laundering regulations which requires us to verify the identity of all employers, sponsoring and associated, involved with the Scheme being established. In order to meet these requirements, we subscribe to an electronic verification service. On the rare occasion that we are unable to confirm an employer's identity this way, you may be asked to produce documentary evidence of the business name and business/trading address.

## Part D Financial Adviser Details

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**Adviser's Name**

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**Firm Name**

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**FCA Number**

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**Address**

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<b>Postcode</b>
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**Telephone Number**

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**Fax Number**

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**Email**

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## Part E Accountant Details

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Accountant's Name	<input type="text"/>	
Firm Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Telephone Number	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	

## Part F Initial Employer Contributions Details

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Employer contributions must be paid gross.

Are any Members subject to the money purchase annual allowance rules?

Yes     No

If yes, please tick the MPAAR box for the relevant member.

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Member	<input type="text"/>		
MPAAR	<input type="checkbox"/>		
<b>Gross Contribution</b>			
Single	<input type="text"/>		
Regular	<input type="text"/>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually

Member

MPAAR

**Gross Contribution**

Single

Regular

Monthly

Annually

---

Member

MPAAR

**Gross Contribution**

Single

Regular

Monthly

Annually

---

Member

MPAAR

**Gross Contribution**

Single

Regular

Monthly

Annually

---

Member

MPAAR

**Gross Contribution**

Single

Regular

Monthly

Annually

---

# Part G Principal and Participating Employer Declaration

## General

- To the best of our knowledge and belief, the particulars given on this questionnaire are correct and complete
- We agree to establish an @ssas Small Self Administered Scheme, and enclose a fully completed Member Questionnaire for each Member invited to join
- We confirm we are acting in accordance with the Memorandum and Articles of Associations of the Company or Partnership Agreement
- We request @sipp Limited to provide the necessary documentation to establish the Scheme
- We agree with @sipp Limited opening a trustee bank account with their nominated bank. This will be the primary bank account for the Scheme
- We acknowledge the information on this questionnaire and any other supplementary information provided by us and/or our nominated advisers, now or in the future, will be used by @sipp Limited to:
  - a) Set up and administer the Scheme
  - b) Send us and/or the Scheme Members information relating to the Scheme.
- We acknowledge and accept the terms of this agreement and we understand the services provided under it do not extend to financial advice under the terms of the Financial Services and Markets Act 2000.

## Where Contributions Are To Be Paid

- We agree that we are willing to pay the amount(s) indicated in Part F
- We confirm we understand that once a contribution has been made to the Scheme it cannot be returned without incurring a tax charge.

To be signed by two directors or a director and company secretary of the principal employer.

<b>Signature</b>	<b>Date</b>	<input type="text"/>
<b>Position</b>		
<b>Signature</b>	<b>Date</b>	<input type="text"/>
<b>Position</b>		

To be signed by two directors or a director and company secretary of the participating employer.

<b>Signature</b>	<b>Date</b>	<input type="text"/>
<b>Position</b>		
<b>Signature</b>	<b>Date</b>	<input type="text"/>
<b>Position</b>		





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**[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.