



SSAS

APPLICATION FORM

Scheme Name

Number of Members

Please ensure that a completed Member Questionnaire accompanies this application for each member.

Principal employer details

Name

Registered Office
(if applicable)

Postcode

Telephone Number
(inc. STD code) Fax Number
(inc. STD code)

Email Address

Employer Status

Please advise if the employer is limited, limited by guarantee, unlimited, limited by liability, a partnership, or other, e.g. self-employed.

Nature of Business

Employer Year End
(mm/yy) Registration Number
(if applicable)

Corporation Tax
District Ref

PAYE District Ref

INDEPENDENT FINANCIAL ADVISER (IFA) (if appropriate)

Please give details of the IFA who will provide advice on the scheme to the member trustees.

Contact Name

Company Name

Address

Postcode

Telephone Number (inc.STD code) Fax Number (inc.STD code)

E-mail address

Regulated by

Authorisation Number

ACCOUNTANT

Contact Name

Please provide details of the accountant acting for the principal employer.

Accountancy Firm's Name

Address

Postcode

Telephone Number
(inc STD code)

Fax Number
(inc STD code)

Email Address

INITIAL CONTRIBUTIONS DETAILS

NAME

AMOUNT (£)

TOTAL

Please provide details of the proposed first contribution for each member and the total contribution.

If a member has benefits which are subject to enhanced protection, the protection will be lost if a contribution is paid by/for them.

Please ensure you seek independent advice from your financial adviser before paying contributions into the scheme.

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

Relationship to the Principal Employer

Please copy page 2 and complete those details for this employer.

On behalf of the Principal Employer we agree to establish the SSAS and enclose with the Application a fully completed Member Questionnaire for each member invited to join.

We confirm we are acting in accordance with the Memorandum and Articles of Association of the Company or Partnership Agreement.

We request The IPS Partnership provide the necessary documentation to establish the scheme and provide the members with details of their membership on our behalf. They are entitled to charge for this and any other work associated with the establishment of the scheme.

We agree to The IPS Partnership appointing the professional trustee company of its choice to act as professional trustee and Scheme Administrator of the pension scheme.

We confirm we understand that once a contribution has been made to a scheme, it cannot be returned without incurring a tax charge.

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

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 The IPS Partnership to:-

1. set up and administer the pension scheme;
2. send information relating to the pension scheme to any of the trustees of the scheme;
3. give essential information about your account to others if necessary to run your account and for regulatory purposes. Information about you will be kept after your scheme is wound up.

To be signed by two directors or a director and company secretary to the principal employer if they are a limited, limited by guarantee or unlimited company.