



Member Questionnaire

Scheme details	Name of Scheme	<input type="text"/>
	Name of Member	<input type="text"/>
	Principal Employer's Name	<input type="text"/>

member details

Title

Forename(s)

Surname

Private Address

Country Postcode

National Insurance No Male Female

Nationality

Occupation

Date of Birth

Marital Status Single
 Married
 Civil Partnership

Spouse's/Civil Partner's Date of Birth

Country of Residence

We will need to take any pension sharing order into account when calculating your retirement benefits.

Is there a pension sharing order in place?

Yes No

employer details

Name of Employer

Please only insert name if different from that detailed on the front page of this questionnaire.

Date you joined Employer

Are you a Director? Yes No

Date you became a director

Please provide details of your shareholdings in the principal employer (if applicable).

% of Company owned

**PLEASE PROVIDE A FEW SHEETS OF YOUR EMPLOYER'S HEADED PAPER FOR
IPS TO PREPARE YOUR ANNOUNCEMENT LETTER**

note of beneficiaries

In the event of your death, please confirm the percentage split of any lump sum benefits to be paid to your nominated beneficiaries.

The trustees will consider your wishes but shall not necessarily be bound by these. If you do not complete this section the trustees will exercise their full discretion as to whom your benefits should be paid. This may include payment to your estate. You may change your nominated beneficiaries in writing at any time. The IPS Partnership will keep this information confidential.

Name Of Beneficiary	Relationship	% Lump Sum Benefit

Signed _____

Print Name _____

Date _____

Benefits from other schemes

If you have more than one pension arrangement please photocopy pages 5 and 6 for each additional pension provider and complete and sign each sheet. This will give us the authority required to contact the provider about your pension benefits.

Do you have benefits in other pension arrangements?

Yes No

If 'YES', please complete the following section:

PROVIDER'S NAME AND ADDRESS

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone Number (inc. STD code)	<input type="text"/>	Fax Number (inc. STD code)	<input type="text"/>
Email Address	<input type="text"/>		
Policy/Scheme Number	<input type="text"/>		

You should seek independent financial advice before making any transfers.

Transfers to and from the SSAS can only be made once the scheme has been registered with HMRC.

The SSAS cannot accept the transfer of any guaranteed minimum pension or protected rights benefits.

We will need to take any Pension Sharing Order into account when calculating your retirement benefits.

Do you wish to transfer this pension arrangement into your SSAS?

Yes No

Is the pension fund subject to a Pension Share Order?

Yes No

Is the pension fund subject to any protection of existing rights?

Yes No

Any benefits which are subject to Tax-Free Lump Sum protection will be lost if they are transferred into the SSAS.

If yes please indicate what type:

Tax-Free Lump Sum Enhanced Primary

Member Pension Age Lump Sum Death Benefit Pension Credit Rights

Please ensure you seek independent financial advice on matters relating to the protection of existing rights.

Signed _____

member's declaration

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 account is closed.

I confirm that by completing this application, I agree to become a member of this Employer's Small Self-Administered Scheme and to be bound by the Trust Deed and Rules.

I authorise my previous company, any insurer or other pension provider and HMRC to disclose to The IPS Partnership any details they request about the benefits provided for me.

I agree to the appointment of the professional trustee company selected by The IPS Partnership as independent trustee and as Scheme Administrator.

I confirm the information provided in this application is true and correct to the best of my knowledge.

Signature

Print Name

Date

MONEY LAUNDERING REGULATIONS

To comply with the requirements of the Money Laundering Regulations 1993, IPS is obliged to obtain verification of the members' identities when new members join.

For each new member:

Personal Identity Check - please supply the ORIGINAL of one of the following:

- current signed passport
- residence permit issued by the Home Office to EU Nationals on sight of their own country's passport
- UK photocard or old style full driving licence
- benefit book or notification letter from the Benefits Agency confirming the right to benefits
- Inland Revenue tax notification or coding notice
- Firearms certificate

Address check - please supply the ORIGINAL of one of the following, showing current address:

- gas, electricity or telephone bill (mobile 'phone bills are not acceptable)
- mortgage statement
- council tax demand
- bank, building society or credit card statement

If you have difficulties with any of these requirements, please let us know. We cannot accept you as a client until these requirements are satisfied.