



## SSAS APPLICATION FORM

Scheme Name	
Number of Members	

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

Principal Employer Name	
Registered Office	
Postcode	
Telephone Number	
Fax Number	
Email Address	
Employer Status  <i>(Please advise if the employer is limited, limited by guarantee, unlimited, limited by liability, a partnership, or other, e.g. self-employed.)</i>	

Nature of Business	
Employer Year End	
Registration Number	
Corporation Tax Ref	
Corporation Tax District	
PAYE Tax Ref	
PAYE Tax District	

## INDEPENDENT FINANCIAL ADVISER (IFA) DETAILS

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

Contact Name	
Address	
Postcode	
Telephone Number	
Fax Number	
E-mail address	
FSA Registration Number	

## ACCOUNTANT DETAILS

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

Contact Name	
Company Name	
Address	
Postcode	
Telephone Number	
Fax Number	
Email Address	

## INITIAL CONTRIBUTIONS DETAILS

Member Name	Amount (£)

*Please provide details of the proposed contribution broken down to each member.*

*Warning - 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 or accountant 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	

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.

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 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
- 3 Give essential information about your account to others, if this is necessary to run your account and for regulatory purposes. Information about you will be kept after your scheme is wound up.