



## SSAS MEMBER QUESTIONNAIRE

### Scheme details

Name of Scheme	
Name of Member	
Name of Principal Employer	

### Member Details

Name in full	
Home Address	
Postcode	
NI Number	
Gender (M/F)	
Nationality	
Occupation	
Date of Birth	
Marital Status (Single/Married/Civil Partnership)	
Spouse's/Civil Partner's Date of Birth	
Country of Residence	
Email Address	
Home Phone Number	
Work Phone Number	
Mobile Phone Number	
Subject to Pension Sharing Order (Y/N)	

### Employer Details

Name of Employer	
Date joined Company	
Are you a Director (Y/N)	
Date you became Director	
Details of your shareholdings in the Principal Employer (% of Company if applicable):	

I hereby agree to become a member of the above scheme:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## **Expression of Wish**

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.

**Lump Sum Percentage:**

**Name of Beneficiary:**

**Lump Sum Percentage:**

**Name of Beneficiary:**

**Lump Sum Percentage:**

**Name of Beneficiary:**

**Lump Sum Percentage:**

**Name of Beneficiary:**

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_