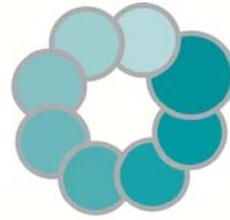


Sestini & Co

Pension Trustees Ltd



SSAS Application form

This application is to be used when applying for a Small Self-Administered Pension Scheme (known as a SSAS) with Sestini & Co Pension Trustees Limited. The information provided in this document will be held on file, and used to apply for registration with HM Revenue & Customs

How to complete this form:

Please complete all sections fully.

Section 1 (employer information) relates to the limited company or partnership which acts as the sponsoring employer. Where there is more than one employer to be associated with the scheme, please use an additional application form.

Section 2 (member information) relates to the individual members who will become trustees, where there is more than one member trustee, please use an additional application form.

Section 3 (existing SSAS) need only be completed where there is an existing SSAS in place.

Section 4 (introducer information) relates to the professional body introducing the member trustees to Sestini & Co Pension Trustees Limited – where there is no introducer, please leave this section blank.

If you are unclear on any aspect of this form, or require clarification as to why the information is required, please contact us.

Section 1 – Employer information

Name of company

Company registration number

Company VAT registration number

Company corporation tax reference

Company PAYE reference

Registered address

Address 1
Address 2
Address 3
Town:
Postcode:

Correspondence address (where different from above)

Address 1
Address 2
Address 3
Town:
Postcode:

Company status (limited company, partnership)

Names of all directors (as a SSAS is an occupational pension scheme, we require the names of all parties who are in a position to make decisions for and on behalf of the sponsoring employer).

Name 1
Name 2
Name 3

Names of all shareholders with a 25% of greater holding (where not listed above)

Name 1
Name 2
Name 3

Nature of business

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Company year end

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Name of principal contact at company

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Name of any persons at the company with permission to obtain information regarding the SSAS:

Name 1
Name 2
Name 3

Name of pension scheme (you can choose the name of the pension scheme trust):

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Proposed employer contribution level per annum: (please be aware that Sestini & Co Pension Trustees Limited do not claim tax relief on contributions made to the SSAS – appropriate tax relief must be claimed via corporate or personal tax returns)

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Intended investments in the first 12-18 months.

Name of investment	Approximate value

Is the SSAS to be used for auto enrolment purposes?

Yes/No

If not, what vehicle is the company using to satisfy auto enrolment requirements?

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Please state the employer's signing rules/attestation clause (who is required to sign on behalf of the company) i.e. two directors, one director and one secretary.

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We have received, read and understood the terms and conditions of business and the fee schedule applicable to the proposed SSAS, and agree to these terms.

Signed:	Name:	Date:

Section 2 – Member information

Full name of member:

Title of member:

Current address

Address 1

Address 2

Address 3

Town:

Postcode:

Time at address (if less than 3 years, please provide previous address)

Previous address (where applicable)

Address 1

Address 2

Address 3

Town:

Postcode:

Date of birth

National Insurance Number

Contact telephone

Email address

Nationality

Country of residence

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Self Assessment Unique Taxpayer Reference (UTR)

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Annual salary (required to monitor appropriate contribution levels in line with HMRC rules)

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Anticipated contribution level per annum (approximate):

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Please advise who you wish to receive benefits from your pension scheme in the event of your death:

Name	Percentage of benefit	Lump sum or income to be provided

Is any form of Transitional Protection held with HMRC? If so, please state type, and certificate number (a copy of the full certificate will be required at crystallisation)

Type:
Certificate number:

Are any existing pension benefits to be transferred into the SSAS?

If so, please list the name of the asset, the last value, and the provider name in the table below, along with confirmation as to whether the asset is to be transferred in specie or as cash. (Members should note that asset providers may require the completion of their own stationery items to effect a transfer once the SSAS is established with HMRC. Enquiries should be made directly with the asset provider for clarification)

Asset	Current provider	Value	Cash or in specie

We have received, read and understood the terms and conditions of business and the fee schedule applicable to the proposed SSAS, and agree to these terms.

Signature:	Name:	Date:
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Section 3 – Existing SSAS

Name of scheme

HMRC Pension Scheme Tax Reference (PSTR) number

Current professional trustee name and address

Name:
Address 1
Address 2
Address 3
Town:
Postcode:

Current professional trustee contact number

Current professional trustee email address

Please list current assets of the SSAS, date purchased, last value, date of last value:

Asset name	Date purchased	Last value	Date of value

Split of assets (%) and date of last split – or state if split not undertaken.

Have any members taken benefits? If so, please detail drawdown basis and value of fund, as well as date benefits commenced.

Drawdown basis:
Value of fund:
Date benefits commenced:

Has the pension scheme been subject to any HMRC sanction or tax charge previously?

Yes / No

Has the pension scheme had an associated Professional Trustee since inception?

Yes / No

Please note: in order for Sestini & Co Pension Trustees Limited to consider taking on an existing SSAS, a full review of the current scheme will be required. For further information, please contact us.

Section 4 – Introducer information

Name of firm

Name of contact

Contact address

Address 1

Address 2

Address 3

Town:

Postcode:

Contact email

Contact telephone

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Financial Conduct Authority (FCA) number (where applicable)

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Has advice been provided to members?

Yes / No

Will adviser fees be payable from the pension scheme?

Yes / No

If so, please detail:

Frequency:
Amount (value):
Or percentage:

Advisers to note: No payments can be made from pension scheme funds without sight of an invoice addressed to the pension scheme.

Signed by the adviser/introducer:

Signature:	Name:	Date:
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Signed by the member trustees as agreement to adviser invoicing terms:

Signature:	Name:	Date:
Signature:	Name:	Date:
Signature:	Name:	Date: