



# SSAS

SMALL SELF ADMINISTERED PENSION SCHEME

TAKEOVER APPLICATION

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[www.investacc.co.uk](http://www.investacc.co.uk)

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If there are more than two members, please photocopy the relevant pages.

We will use the information provided to review your Pension Scheme and consider if it is appropriate for InvestAcc Pension Trustees Limited to be appointed as Independent Trustee.

Copies of all Trust Deeds and Rules will be required.

On acceptance we will prepare a letter of authority to approach your existing provider.

## Company Information

### Company Details:

Sponsoring Employer	
Company Number	Company Year End: (DD/MM)
Registered Office	
	Postcode
Telephone Number	Email Address

Any participating employers?     Yes     No

### If Yes:

Company Name	
Address	
	Postcode
Company Number	

### Scheme Contact Details: (if different from Sponsoring Employer)

Contact Name	
Contact Address	
	Postcode
Telephone Number	Email Address

**Accountant Details:**

Contact Name	
Accountancy Firm's Name	
Address	
	Postcode
Telephone Number	Email Address

**Company Declaration**

On behalf of the Sponsoring Employer we agree to the appointment of InvestAcc Pension Trustees Limited as the independent trustee and to transfer the administration of the Small Self Administered Pension Scheme to InvestAcc Pension Administration Limited and enclose with the Application a fully completed Member Information Form for each member of the scheme.

We request InvestAcc Pension Administration Limited to provide the necessary documentation to takeover 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 takeover of the scheme.

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	Date
Print Name	Position

Signature	Date
Print Name	Position

## Scheme Information

Scheme Name	
Pension Scheme tax reference number (PSTR)	
Pensions Regulator number	
Commencement Date: (DD/MM/YY)	Scheme Year End: (DD/MM/YY)
Normal Retirement Age	
Current Provider Name	
Current Provider Address	
	Postcode

### Trustee Details: (other than members)

Name	
Address	
	Postcode

Name	
Address	
	Postcode

### Scheme Administrator

Who is the current Scheme Administrator?	
Scheme Administrator ID	
Scheme Administrator Address	
	Postcode
Telephone Number	

Is InvestAcc Pension Trustees Limited to act as Scheme Administrator?

Yes  No

**If No, Scheme Administrator Details:**

Name	
Address	
	Postcode
Telephone Number	

## Additional Information (including current scheme assets)

**Trustee Bank Account Details:**

Bank Name	
Address	
	Postcode
Account Name	
Account Number	Sort Code      —      —

**Property details (please complete a property questionnaire - takeover):**

Property Address	
	Postcode

Latest Value:

£

Date of Valuation (DD/MM/YY):

**Note:** Please provide a copy of the last valuation report.

**Borrowings of the Scheme:**

Name of Lender			
Date of Drawdown: (DD/MM/YY)		Original Amount	
Original Term	Current Amount Outstanding	Interest Rate	%

**Note:** Please provide a copy of the Agreement.

**Loan Back:**

Name of Borrower			
Date of Drawdown: (DD/MM/YY)		Original Amount	
Original Term	Current Amount Outstanding		Interest Rate %

**Note:** Please provide a copy of the Agreement.

**Other Investments:**

Name of Provider			
Address of Provider			
			Postcode
Type of Investment	Current Valuation		

Name of Provider			
Address of Provider			
			Postcode
Type of Investment	Current Valuation		

Name of Provider			
Address of Provider			
			Postcode
Type of Investment	Current Valuation		

**Note:** Please provide documentary evidence.  
Please photocopy relevant pages as required to provide full details of assets.

**Scheme Adviser (IFA) details:**

Contact Name	
Company Name	
Address	
	Postcode
Telephone Number	Email Address
FSA Authorisation Number	

**Money Laundering Requirements:**

Applications must be accompanied by documents proving the identity and residency of each Trustee. We require either an Identity Verification Certificate or any two documents (one from each list) from the list below:

**List A**

- Current full signed Passport
- Current UK Driving Licence
- EEA Member State ID Card
- Firearms certificate or shotgun licence
- Recent evidence of entitlement to state or local authority benefit, pension, tax credit or educational grant

**List B**

- Current UK Driving Licence
- HMRC income tax notice
- Utility Bill
- Bank/Building Society Statement
- Mortgage Statement
- Credit card Statement

## Member Information (1)

### Personal Details:

Title	Forename(s)		
Surname			
Address of Member			
			Postcode
Home Tel. Number		Business Tel. Number	
Mobile Tel. Number		Email Address	
Date of Birth: (DD/MM/YY)		National Insurance Number	
Date of joining company: (DD/MM/YY)		Date of joining scheme: (DD/MM/YY)	

Marital Status:  Single  Married  Divorced  Widowed  Co-Habiting

### Spouse Details:

Full name of Spouse
Date of Birth: (DD/MM/YY)

### Contributions in the last 3 years:

	Single	Annual
Year End:	£	£
Year End:	£	£
Year End:	£	£

Is the member a Director?

Yes  No

Shareholding:

%
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## Nomination of Beneficiaries

If you wish to nominate who you would like to receive any death benefits in the event of your death, please complete the section below.

I would like the trustees to consider distributing any benefits payable on my death to the following, in the proportions shown:

Full Name	Relationship	
		%
		%
		%
		%

Total: %

**I understand that the above is not legally binding and that distribution of death benefits is at the discretion of the trustees of the Scheme.**

*Should you wish to alter this nomination in the future, please contact us to arrange for an appropriate form.*

## Declaration

As a member of the above mentioned Small Self Administered Scheme, I hereby agree to be bound by the Trust Deed and Rules, as amended from time to time. I declare that the information provided in this application form, and any other documents completed in connection with this application, is to the best of my knowledge and belief, correct and complete.

### Data Protection Statement

All the information I give to InvestAcc Pension Administration Limited including transactional data, may be shared with and used by the group of companies to which you belong, your associated companies, service providers or agents who may be located in other countries. I understand that you will ensure that my information is only used for the purposes of the Small Self Administered Scheme of which I am a member and that you will ensure that it is given the levies of protection as required under the UK Data Protection Act.

I agree that my information be used in this way for administration purposes to:

- Provide and run the Small Self Administered Scheme I have applied for and develop and improve your products and services.
- Invite me to take part in our market research surveys.

**If I would prefer not to receive up to date information on other products or services or be included in market research, I can tick here**

If you give false or inaccurate information and fraud is identified, details will be sent to fraud prevention agencies by InvestAcc Pension Administration Limited. Law enforcement agencies may access and use this information.

You may also give essential information about me to others if necessary to run my scheme and for regulatory purposes information about me will be kept after my scheme is transferred to another provider or wound up. I understand I have the right to see certain records you hold about me on payment of a fee.

I authorise InvestAcc Pension Administration Limited to obtain any information it may require from my employer, any pension provider with which I have benefits, and any other person who may hold information required to administer the Scheme.

Signature	Date
Print Name	

Signed in my capacity as a member and trustee.

---

Please sign and date this application and return it to:

**InvestAcc Pension Administration Limited**  
**Minerva House**  
**Port Road Business Park**  
**Carlisle**  
**Cumbria**  
**CA2 7AF**

## Member Information (2)

### Personal Details:

Title	Forename(s)		
Surname			
Address of Member			
			Postcode
Home Tel. Number		Business Tel. Number	
Mobile Tel. Number		Email Address	
Date of Birth: (DD/MM/YY)		National Insurance Number	
Date of joining company: (DD/MM/YY)		Date of joining scheme: (DD/MM/YY)	

Marital Status:  Single  Married  Divorced  Widowed  Co-Habiting

### Spouse Details:

Full name of Spouse
Date of Birth: (DD/MM/YY)

### Contributions in the last 3 years:

	Single	Annual
Year End:	£	£
Year End:	£	£
Year End:	£	£

Is the member a Director?

Yes  No

Shareholding:

%
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		%
		%
		%
		%

Total: %

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Signed in my capacity as a member and trustee.


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**Minerva House**  
**Port Road Business Park**  
**Carlisle**  
**Cumbria**  
**CA2 7AF**

## Application Checklist

- Completed Takeover Application
- Copies of all Trust Deeds and Rules
- Identification
- Bank Account Details (inc. copies of last 12 months bank statements)
- Property Details (if applicable)
- Loan Details (if applicable)
- Investment Details (if applicable)
- Copies of Last Scheme Accounts (if applicable)



## InvestAcc Pension Administration Limited

Minerva House  
Port Road Business Park  
Carlisle  
Cumbria  
CA2 7AF  
t: 01228 538 988  
f: 01228 535 988  
e: [info@investacc.co.uk](mailto:info@investacc.co.uk)

**[www.investacc.co.uk](http://www.investacc.co.uk)**

InvestAcc Pension Administration Limited is authorised and regulated by the Financial Services Authority.  
InvestAcc Pension Administration Limited is registered in England and Wales. Company number 7118349.  
InvestAcc Pension Trustees Limited is registered in England and Wales, Company number 2875892.

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