



# SSAS

SMALL SELF ADMINISTERED PENSION SCHEME

SSAS ESTABLISHMENT APPLICATION

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

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

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

## Company Information

### Company Details:

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

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

Contact Name	
Contact Address	
	Postcode
Telephone Number	Email Address

### Scheme 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 establish the Small Self Administered Pension Scheme and enclose with the Application a fully completed Member Information Form for each member invited to join.

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

We authorise you to speak to our professional contacts named within this application.

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

Proposed Scheme Name

Scheme Year End will be 5th April consistent with HMRC reporting requirements.

All members will be appointed as trustees. **We request that InvestAcc Pension Trustees Limited will act as Independent Trustee.**

Yes  No

### Additional Trustee Details (other than the member trustees):

Name	
Address	
	Postcode
National Insurance Number	Date of Birth
Telephone Number	Email Address

**We request that InvestAcc Pension Trustees Limited act as Scheme Administrator**

**We request that InvestAcc Pension Administration Limited registers the scheme with the Pensions Regulator and the Information Commissioner's Office, and understand that we will be liable for those fees.**

### Payment of Scheme Fees:

Please provide an indication below who will normally settle fees:

Scheme Trustees (from Scheme assets)  Principal Employer

The above is for our records and can be changed at any time.

### Purpose of Scheme:

Please tell us in the space below why you require a SSAS and what kind of investments you want to make initially (and whether or not any are unregulated investments). If one of the investments you intend to make is a loan to the Sponsoring Employer, then please include basic details of the assets that will be offered as security. We require this information so that we can assess whether we would be willing to accept your application to establish a SSAS, and to act in the roles of Professional Trustee and Scheme Administrator.

Purpose of Scheme (if not completed then we will be unable to process your application)

**Trustee Bank Account:**

**A bank account will be opened with Cater Allen Private Bank.**

The Trustees may open an account with alternative bankers if required.

**Scheme Financial Adviser Details:**

Adviser Name	
Company Name	
Address	
	Postcode
Telephone Number	Email Address
FCA Authorisation Number	

**Money Laundering Requirements:**

Applications must be accompanied by certified copies of documents proving the identity and residency of each Trustee. We require 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

Please refer to: [www.gov.uk/certifying-a-document](http://www.gov.uk/certifying-a-document) for further information on certifying documents.

## Member Information (1)

### Personal Details:

Title	Forename(s)		
Surname			
Address of Member			
			Postcode
National Insurance Number		Business Tel. Number	
Mobile Tel. Number		Email Address	
Date of Birth: (DD/MM/YY)		Date of joining company: (DD/MM/YY)	
Normal Retirement age: <span style="float: right;">*State Pension Age will be assumed if left blank.</span>			

**Marital Status:**       Single       Married       Divorced       Widowed       Civil Partnership

**Is the member a Director?**       Yes       No      Shareholding:  %

### Spouse Details:

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

### Proposed Contributions:

Monthly: £       Annual: £       Single: £

**Transfers:** Are you going to transfer your benefits under one or more registered pension schemes into this Scheme?

Yes       No

**If Yes**, please complete the following information. You must also complete a separate ceding scheme Transfer Form for each transfer along with our SSAS Transfer In Form.

Number of Transfers to be made?	Number of In-specie transfers? (Transfer of existing assets)	Approx. Value £ <input style="width: 100px; border: 1px solid black;" type="text"/>
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## Member Information (1) Cont.

### Nomination of Beneficiaries

Member Full Name
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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. If the following instructions do not fully reflect your wishes then you can download and complete a more tailored Nomination of Beneficiaries form which is available on our website.

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

Beneficiary Full Name	Relationship	%
Beneficiary Full Name	Relationship	%
Beneficiary Full Name	Relationship	%
Beneficiary Full Name	Relationship	%
Beneficiary 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

I hereby apply to become a member of the Scheme referred to above and I 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.

I also confirm my understanding that by signing this application form that I agree to be liable as a trustee for all fees payable to InvestAcc Pension Administration Limited (InvestAcc), as outlined in the latest version of the "SSAS - Services and Fees guide". I understand that InvestAcc may at any time alter its fee structure, and that occasionally work may be required that is not covered by the Services and Fees document and may therefore generate additional fees, which would be notified to the trustees in advance of them being incurred.

### 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 Pension 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.



## Member Information (1) Cont.

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 your 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.

As a trustee I authorise InvestAcc Pension Administration Limited to establish and register the Scheme with HMRC on behalf of the trustees. I confirm that I am able and willing to be appointed as a trustee and that:

- I have not been convicted of an offence involving dishonesty or deception,
- I am not an undischarged bankrupt
- I have not made an arrangement with creditors which remains undischarged
- I am not currently disqualified as a company director

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
National Insurance Number		Business Tel. Number	
Mobile Tel. Number		Email Address	
Date of Birth: (DD/MM/YY)		Date of joining company: (DD/MM/YY)	
Normal Retirement age: <span style="float: right;">*State Pension Age will be assumed if left blank.</span>			

**Marital Status:**       Single       Married       Divorced       Widowed       Civil Partnership

**Is the member a Director?**       Yes       No      Shareholding:  %

### Spouse Details:

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

### Proposed Contributions:

Monthly:

£

Annual:

£

Single:

£

**Transfers:** Are you going to transfer your benefits under one or more registered pension schemes into this Scheme?

Yes       No

**If Yes,** please complete the following information. You must also complete a separate ceding scheme Transfer Form for each transfer along with our SSAS Transfer In Form.

Number of Transfers to be made?	Number of In-specie transfers? (Transfer of existing assets)	Approx. Value £ <input type="text"/>
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## Member Information (2) Cont.

### Nomination of Beneficiaries

Member Full Name

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. If the following instructions do not fully reflect your wishes then you can download and complete a more tailored Nomination of Beneficiaries form which is available on our website.

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

Beneficiary Full Name	Relationship	%
Beneficiary Full Name	Relationship	%
Beneficiary Full Name	Relationship	%
Beneficiary 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.**

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## Member Information (2) Cont.

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

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**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**

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As a trustee I authorise InvestAcc Pension Administration Limited to establish and register the Scheme with HMRC on behalf of the trustees. I confirm that I am able and willing to be appointed as a trustee and that:

- I have not been convicted of an offence involving dishonesty or deception,
- I am not an undischarged bankrupt
- I have not made an arrangement with creditors which remains undischarged
- I am not currently disqualified as a company director

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.

---

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

## Member Information (3)

### Personal Details:

Title	Forename(s)		
Surname			
Address of Member			
			Postcode
National Insurance Number		Business Tel. Number	
Mobile Tel. Number		Email Address	
Date of Birth: (DD/MM/YY)		Date of joining company: (DD/MM/YY)	
Normal Retirement age: <span style="float: right;">*State Pension Age will be assumed if left blank.</span>			

**Marital Status:**       Single       Married       Divorced       Widowed       Civil Partnership

**Is the member a Director?**       Yes       No      Shareholding:  %

### Spouse Details:

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

### Proposed Contributions:

Monthly:

£

Annual:

£

Single:

£

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Yes       No

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## Member Information (3) Cont.

### Nomination of Beneficiaries

Member Full Name

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Beneficiary Full Name	Relationship	%
Beneficiary Full Name	Relationship	%

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## Member Information (3) Cont.

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Signature	Date
Print Name	

Signed in my capacity as a member and trustee.

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**Carlisle**  
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## Member Information (4)

### Personal Details:

Title	Forename(s)		
Surname			
Address of Member			
			Postcode
National Insurance Number		Business Tel. Number	
Mobile Tel. Number		Email Address	
Date of Birth: (DD/MM/YY)		Date of joining company: (DD/MM/YY)	
Normal Retirement age: <span style="float: right;">*State Pension Age will be assumed if left blank.</span>			

**Marital Status:**       Single       Married       Divorced       Widowed       Civil Partnership

**Is the member a Director?**       Yes       No      Shareholding:  %

### Spouse Details:

Full name of Spouse
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## Member Information (4) Cont.

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Member Full Name

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Beneficiary Full Name	Relationship	%
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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.

---

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

# Application Checklist

- Completed Establishment Information
- Identification Documents
- Property and Land Questionnaire (if applicable)
- Loan Questionnaire (if applicable)
- Transfer In Forms (if applicable)



Minerva House  
Port Road Business Park  
Carlisle  
Cumbria  
CA2 7AF  
t: 01228 538 988  
f: 01228 535 988  
e: sales@investacc.co.uk

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



Best SIPP Provider



Best SSAS Provider



Service Beyond  
the Call of Duty



Best Pensions Service