

Small Self-Administered Scheme

# SSAS

**Establishment Application** 

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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. Some information will also be required to be passed to HMRC as part of the process to obtain registered status.

## Company Information

Sponsoring Employer	
Company Reference Number	Company Year End: (DD/MM)
Corporation Tax Reference Number	VAT Registration Number (or state if not VAT registered)
PAYE Reference Number	Total Number of Employees at this business
Nature of Company's Business	
Registered Office Address	
	Postcode
Contact name (and position) for correspondence	Email Address
Telephone Number	

Is the above Company currently registered with HMRC for tax?

Yes  No

Is the above Company currently actively trading, and has it been continuously so for the last 12 months?

Yes  No

## Company Declaration

On behalf of the Sponsoring Employer we agree to establish the Small Self-Administered Scheme and enclose with this 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 confirm the Sponsoring Employer is an actively trading company based in the UK. Should this no longer be the case we will notify InvestAcc in writing within 7 days.

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
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### Main Scheme Contact Details

Contact Name	
Contact Address	
	Postcode
Telephone Number	Email Address

The scheme year end will be 5th April consistent with HMRC reporting requirements.

All members will be appointed as trustees.

**We wish to appoint InvestAcc Pension Trustees Limited to 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 and registers the scheme with HMRC.**

**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)

### The following additional information will be required by HMRC as part of the scheme registration process:

Please provide a copy of the business plan / prospectus / literature as appropriate, for each of the proposed investments.

Attached       To follow

Please provide full name, address and contact phone number for each proposed investment provider:

Please provide projected fund value at the end of the first year of the pension scheme's existence:

**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.

**Anti-Money Laundering Requirements:**

InvestAcc will conduct its own electronic identity verification checks on the Sponsoring Employer and the scheme members. In addition to that, our bankers will require copy certified ID in the form of one from each of the lists below, for each of the members and trustees:

- Photocopy of original document to be signed, dated and certified as "original seen".
- Where the original document is a photographic ID, certification to be qualified as "original seen, copy provides good likeness of the applicant".
- Certifier to record their name, business address (or personal address if no business address), qualification(s) and trade/ industry association membership number to ensure they are contactable if necessary.

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

**List 1**

- Current UK or EEA (European Economic Area) or Switzerland photo card driving licence, with a current date of photo and licence.
- Current UK old style driving licence (not provisional)
- Current passport - UK or EEA
- Current passport - non UK or non EEA with valid visa
- UK ID card for foreign nationals
- Biometric Residence Permit containing visa requirements
- Northern Ireland Voters Card
- Evidence of entitlement to\*:
  - State / local authority benefit
  - Tax Credit
  - DWP pension
  - Educational grant / loan / bursary
  - Other government / local authority grant
- HMRC coding, assessment, statement, tax credit document, not P45/P60s\*
- Under 18's only (if unable to provide any of the above items):
  - Birth Certificate
  - NHS Medical Card
  - Adoption Certificate
  - Young Persons pass card

**List 2**

- Current UK or EEA (European Economic Area) or Switzerland photo card driving licence, with a current date of photo and licence.
- Current UK old style driving licence (not provisional)
- Evidence of entitlement to\*:
  - State / local authority benefit
  - Tax Credit
  - DWP pension
  - Educational grant / loan / bursary
  - Other government / local authority grant
- HMRC coding, assessment, statement, tax credit document, not P45/P60s\*
- Instrument of a court appointment, for example, probate, Power of Attorney
- Council tax bill or demand letter\*
- Mortgage Statement from a recognised lender\*
- Bank Statement\*\* - postal and internet statements only (must include address of Bank Head Office or Branch)
- Local council rent card or council tenancy agreement\*
- Correspondence from the Department of Work and Pensions (DWP)
- HMRC correspondence which must include name, address and permanent NI number\*
- Utility bill\*\* (not a mobile phone, satellite / cable TV bill)
- Under 18's (if unable to provide any of the items listed above):
  - NHS Medical Card or GP registration document
  - Adoption Certificate (full certificate containing address)
  - Parents ID documentation from list 2 (under 18's only).

\* Must be the most recently issued document and less than 12 months old

\*\* Must be the most recently issued document and less than 3 months old (except for water bills, which can be 12 months old if they are an annual bill)

**Scheme Financial Adviser Details:**

Adviser Name		
Company Name		
Address		
		Postcode
Telephone Number (Principal Firm)	Email Address	
FCA Authorisation Number (Principal Firm)		
FCA Authorisation Number (Appointed Representative) if applicable		

**Scheme Accountant Details:**

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

## 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 (55-75)*:			
*State Pension Age will be assumed if left blank.			

**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 £
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## Member Information (1) continued

### 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.**

*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.

I understand and agree that InvestAcc Pension Administration Limited will undertake additional checks to verify my identity and residency, and those of related parties such as my employer or anyone making a pension contribution on my behalf. These checks will include online identity verification, which may leave a footprint on my identity records.

### 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) continued

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.

If I would prefer not to receive up to date information on other products or services, I can tick here

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:

- a) I have not been convicted of an offence involving dishonesty or deception,
- b) I am not an undischarged bankrupt
- c) I have not made an arrangement with creditors which remains undischarged
- d) 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.

I understand that if I have given 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.

**Signed in my capacity as a member and trustee.**

Signature	Date
Print Name	

---

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 (55-75)*:			
			*State Pension Age will be assumed if left blank.

**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) continued

### Nomination of Beneficiaries

Member Full Name

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

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

Total:

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**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 (55-75)*:			
*State Pension Age will be assumed if left blank.			

**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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Print Name	

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## Member Information (4)

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Surname			
Address of Member			
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Signature	Date
Print Name	

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

# Application Checklist

- Completed Establishment Application
- Certified Copy ID Documents
- Transfer In Forms (if applicable)
- Property and Land Questionnaire (if applicable)
- Loan Questionnaire (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 Pensions Service



Best SSAS Provider