

Small Self-Administered Scheme

**SSAS**

**Takeover 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 Pension Scheme and consider if it is appropriate for InvestAcc Pension Trustees Limited to be appointed as Independent Trustee and Scheme Administrator.

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
Contact Name for Correspondence	
Email Address	
Telephone Number	

**Is the Sponsoring Employer actively trading, and has it been continuously so for the last 12 months?**

- Yes     No

**Are there any participating employers (in addition to the Sponsoring Employer above)?**

- Yes     No

**If Yes:**

Participating Employer (Company Name)	
Address	
	Postcode
Company Number	

**Is the Participating Employer 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 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.

We confirm the Sponsoring Employer and any Participating 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

Scheme Name	
Pension Scheme tax reference number (PSTR)	
Pensions Regulator number	
Information Commissioner's Office reference number	Legal Entity Identifier (LEI) number
Commencement Date: (DD/MM/YY)	Scheme Year End: (DD/MM/YY)
Current Provider Name	
Current Provider Address	
	Postcode

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

Company Name	
Contact Address	
	Postcode
Email Address	
Telephone Number	

### Additional Trustee Details (other than members):

Name	
Address	
	Postcode
Date of Birth: (DD/MM/YY)	National Insurance Number:

Name	
Address	
	Postcode
Date of Birth: (DD/MM/YY)	National Insurance Number:

**Scheme Administrator**

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

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

**Payment of Scheme fees**

Please provide an indication below who will normally settle fees:

Scheme Trustees (from scheme assets)       Principal Employer

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

**Additional Information****Relief at Source**

**Is the scheme registered for Relief at Source?**     Yes     No

If 'Yes' Relief at Source reference number
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**Note:** *An additional yearly fee of £150.00 +VAT is payable for administration of Relief at Source schemes.*

**Trustee Bank Account Details:**

Bank Name	
Address	
	Postcode
Account Name	
Account Number	Sort Code

## Property details

How many properties are held in the scheme?

Number of properties

Please complete a separate 'Property Questionnaire for Scheme Takeovers' for each property.

## VAT

Is the scheme registered for VAT?  Yes  No

If 'Yes' VAT registration number

Please confirm who will be responsible for VAT reporting:

- Managing Trustees (i.e. scheme members)
- Accountant
- Sponsoring Employer
- InvestAcc (available as part of our optional property administration service).

If you are requesting InvestAcc to do this, please confirm who is currently responsible for VAT reporting:

If Other

## Rental Invoices

Please confirm who will be responsible for issuing rental invoices:

- Managing Trustees (i.e. scheme members)
- Sponsoring Employer
- InvestAcc (available as part of our optional property administration service)
- Other (please specify)

If Other

**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 Borrowing Agreement.

**Loan Back:**

Name of Borrower			
Date of Drawdown: (DD/MM/YY)		Original Amount	
Original Term	Current Amount Outstanding		Interest Rate %
Please provide details of the asset used to secure this loan			

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



**Other Investments:**

Name of Provider	
Address of Provider	
	Postcode
Type of Investment	Current Valuation
Plan reference number	

Name of Provider	
Address of Provider	
	Postcode
Type of Investment	Current Valuation
Plan reference number	

Name of Provider	
Address of Provider	
	Postcode
Type of Investment	Current Valuation
Plan reference number	

Name of Provider	
Address of Provider	
	Postcode
Type of Investment	Current Valuation
Plan reference number	

Name of Provider	
Address of Provider	
	Postcode
Type of Investment	Current Valuation
Plan reference number	

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

**Scheme Financial Adviser details:**

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

**Accountant Details:**

Accountant Name	
Accountant Firm Name	
Address	
	Postcode
Email Address	
Telephone Number	

## 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)

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

### Marital Status

Single
  Married
  Divorced
  Widowed
  Civil Partnership

### Spouse Details:

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

### Contributions in the last 3 years:

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

### Are you a Company Director?

Yes
  No
 Shareholding:  %

### Have you taken any payments from this Pension Scheme?

Yes
  No

### If Yes, are you currently drawing a pension income from this Pension Scheme?

Yes
  No

If Yes, please complete our Benefit Payment form.

## 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. 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:

Full name	Relationship	%
Full name	Relationship	%
Full name	Relationship	%
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.**

**Note:** *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.

I also confirm I have read the latest InvestAcc SSAS Terms & Conditions document and by signing this application form 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 Terms & Conditions and Services and Fees, 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.

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

**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.

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 confirm 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 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.

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.

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

### Marital Status

Single
  Married
  Divorced
  Widowed
  Civil Partnership

### Spouse Details:

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

### Contributions in the last 3 years:

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

### Are you a Company Director?

Yes
  No
 Shareholding:  %

### Have you taken any payments from this Pension Scheme?

Yes
  No

If Yes, are you currently drawing a pension income from this Pension Scheme?

Yes
  No

If Yes, please complete our Benefit Payment form.

## Nomination of Beneficiaries

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Full name	Relationship	%
Full name	Relationship	%
Full name	Relationship	%

Total:

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

Signature	Date
Print Name	

---

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

### Marital Status

Single
  Married
  Divorced
  Widowed
  Civil Partnership

### Spouse Details:

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

### Contributions in the last 3 years:

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

### Are you a Company Director?

Yes
  No
 Shareholding:  %

### Have you taken any payments from this Pension Scheme?

Yes
  No

### If Yes, are you currently drawing a pension income from this Pension Scheme?

Yes
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Full name	Relationship	%
Full name	Relationship	%
Full name	Relationship	%

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

Signature	Date
Print Name	

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 Minerva House  
 Port Road Business Park  
 Carlisle  
 Cumbria  
 CA2 7AF

## Member Information (4)

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

### Marital Status

Single
  Married
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Date of Birth: (DD/MM/YY)

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

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Yes
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**Signed in my capacity as a member and trustee:**

Signature	Date
Print Name	

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**Please sign and date this application and return it to:**

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

# Application Checklist

- Completed Takeover Application
- Copies of all Trust Deeds and Rules
- Certified Copy ID
- Bank Account Details (including copies of last 12 months bank statements)
- Property Questionnaire - Takeover (one per property, if applicable)
- Loan Details (if applicable)
- Investment Details (if applicable)
- Copies of Last Scheme Accounts (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)

