

Small Self-Administered Scheme

SSAS

Takeover Application

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If there are more than four members of the SSAS, 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) |
| Company address | |
| | 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) | |
| Participating company address | |
| | Postcode |
| Participating company reference 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 pension scheme to InvestAcc Pension Administration Limited.

We confirm that details of each of the members has been provided later within this form.

We request InvestAcc Pension Administration Limited to provide the necessary documentation to take over the scheme and provide the members with details of their membership on our behalf. We understand and agree that InvestAcc is entitled to charge for this and any other work associated with the operation of the scheme, in line with their latest terms and conditions.

We confirm that 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) | Pension scheme year end: (DD/MM) |
| Current provider name | |
| Current provider address | |
| | Postcode |

Scheme contact details: (if different from the sponsoring employer)

| | |
|------------------|----------|
| Company name | |
| Contact address | |
| | Postcode |
| Email address | |
| Telephone number | |

Additional trustee details (other than members):

| | |
|---------------------------|--------------------------|
| Name | |
| Address | |
| | Postcode |
| National insurance number | Date of birth (DD/MM/YY) |
| Telephone number | |
| Email address | |

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 InvestAcc’s 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

Note: An additional yearly fee of £150.00 +VAT is payable for administration of relief at source schemes.

Property details

How many properties are held in the scheme?

Number of commercial properties (including land)

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

VAT

Is the scheme registered for VAT?

☐ Yes

☐ No

If 'Yes' VAT registration number

Administration of tenanted property and land

Please refer to our SSAS Guide to Services and Fees before selecting below which service you require for any tenanted properties:

- ☐ Self-managed (without support from InvestAcc)
- ☐ Self-managed (with support from InvestAcc) - see SSAS Guide to Services & Fees for details of costs
- ☐ Outsourced to an independent property manager
- ☐ Not applicable - scheme does not hold tenanted property/land

Trustee bank account details:

| | |
|----------------|-----------|
| Bank name | |
| Address | |
| | Postcode |
| Account name | |
| Account number | Sort code |

Scheme borrowings (loans made to the pension scheme):

| | | |
|-----------------------------|----------------------------|-----------------|
| Name of lender | | |
| Date of drawdown (DD/MM/YY) | Original amount of loan | |
| Original term of loan | Current amount outstanding | Interest rate % |

Note: Please provide a copy of the borrowing agreement.

Loan back (loans made by the pension scheme):

| | | |
|--|----------------------------|-----------------|
| Name of borrower | | |
| Date of drawdown (DD/MM/YY) | Original amount of loan | |
| Original term of loan | 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 |
| Investment or plan reference number | |

| | |
|-------------------------------------|-------------------|
| Name of provider | |
| Address of provider | |
| | Postcode |
| Type of investment | Current valuation |
| Investment or plan reference number | |

| | |
|-------------------------------------|-------------------|
| Name of provider | |
| Address of provider | |
| | Postcode |
| Type of investment | Current valuation |
| Investment or plan reference number | |

| | |
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| | Postcode |
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| Investment or plan reference number | |

| | |
|-------------------------------------|-------------------|
| Name of provider | |
| Address of provider | |
| | Postcode |
| Type of investment | Current valuation |
| Investment or 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 registration number (principal firm) | |
| FCA registration number (appointed representative), if applicable | |

By submitting this application form to us, the financial adviser firm above confirms acceptance of our current intermediary terms of business, available on our website: www.investaccpensions.co.uk/termsofbusiness

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, any participating employers, 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 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 phone number | | Business phone number | |
| Mobile phone 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. | | | |

*Note that the normal minimum pension age increases from 55 to 57 on 6 April 2028.

Marital status

☐ Single
 ☐ Married
 ☐ Divorced
 ☐ Widowed
 ☐ Civil partnership

Spouse details:

| |
|------------------------------------|
| Full name of spouse |
| Spouse's 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 director of a company which acts as sponsoring employer or a participating employer?

☐ 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, 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 pension 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 2018.

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
Solway House Business Park
Kingstown
Carlisle
CA6 4BY

Member information (2)

Personal details:

| | | | |
|---|-------------|-----------------------------------|----------|
| Title | Forename(s) | | |
| Surname | | | |
| Address of member | | | |
| | | | Postcode |
| Home phone number | | Business phone number | |
| Mobile phone 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. | | | |

*Note that the normal minimum pension age increases from 55 to 57 on 6 April 2028.

Marital status

☐ Single
 ☐ Married
 ☐ Divorced
 ☐ Widowed
 ☐ Civil partnership

Spouse details:

| |
|------------------------------------|
| Full name of spouse |
| Spouse's 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 director of a company which acts as sponsoring employer or a participating employer?

☐ 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, 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 pension scheme.

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

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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.

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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

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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
Solway House Business Park
Kingstown
Carlisle
CA6 4BY

Member information (3)

Personal details:

| | | | |
|---|-------------|-----------------------------------|----------|
| Title | Forename(s) | | |
| Surname | | | |
| Address of member | | | |
| | | | Postcode |
| Home phone number | | Business phone number | |
| Mobile phone 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. | | | |

*Note that the normal minimum pension age increases from 55 to 57 on 6 April 2028.

Marital status

☐ Single
 ☐ Married
 ☐ Divorced
 ☐ Widowed
 ☐ Civil partnership

Spouse details:

| |
|------------------------------------|
| Full name of spouse |
| Spouse's 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 director of a company which acts as sponsoring employer or a participating employer?

☐ 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, 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:

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

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

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I confirm that:

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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 | |

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Carlisle
CA6 4BY

Member information (4)

Personal details:

| | | | |
|---|-------------|-----------------------------------|----------|
| Title | Forename(s) | | |
| Surname | | | |
| Address of member | | | |
| | | | Postcode |
| Home phone number | | Business phone number | |
| Mobile phone 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) | |
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| |
|------------------------------------|
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|----------|-------------|-------------|
| Year end | Single £ | Annual £ |
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| Full name | Relationship | % |
| 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 | |

Please sign and date this application and return it to:

InvestAcc Pension Administration Limited
Solway House Business Park
Kingstown
Carlisle
CA6 4BY

Application checklist

- Completed takeover application
- Copies of all trust deeds and rules
- Certified copy ID documents
- Bank account details (*including copies of last 12 months bank statements*)
- Property & Land Questionnaire for Scheme Takeovers (*one per property, if applicable*)
- Loan details (*if applicable*)
- Investment details (*if applicable*)
- Copies of most recent scheme accounts (*if applicable*)



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