

Small Self-Administered Scheme

SSAS

New Scheme 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 HM Revenue & Customs (HMRC) as part of the process to obtain registered status.

Company information

Sponsoring employer			
Company reference number (CRN)	Company year end (DD/MM)		
Corporation tax reference number	VAT registration number (or state if not VA	T registered)	
Company PAYE reference number	Total number of employees at this busines	es	
Nature of company's business			
Current registered office address			
		Postcode	
Previous registered office address (if less than 12 months at current address above)			
		Postcode	
Contact name (and position) for correspondence	Email address		
Telephone number			
Was the above company established more than 12 months a	igo?		
Yes No (if no, we cannot proceed with your application)			
Is the above company currently registered with HMRC for ta	.v2		
	ix:		
Yes No (if no, we cannot proceed with your application)			
Is the above company currently actively trading?			
Yes No (if no, we cannot proceed with your application)			
Has the above company been dormant at any time in the last 12 months?			
Yes No			

Please provide the following information for ALL directors of your company, not just those joining the pension scheme. We are required to gather this information as part of the process of registering the scheme with HMRC and any discrepancies can lead to delays. If there are more than four directors, please print additional pages.

Director 1

Full name		
National insurance number	HMRC Unique Tax Reference (UTR)	
Telephone number	Date of birth	
Email address		
Current home address		
		Postcode
Previous home address (if less than 12 months at current address above)		
		Postcode

Director 2

Full name		
National insurance number	HMRC Unique Tax Reference (UTR)	
Telephone number	Date of birth	
Email address		
Current home address		
		Postcode
Previous home address (if less than 12 months at current address above)		
		Postcode

Director 3

Full name		
National insurance number	HMRC Unique Tax Reference (UTR)	
Telephone number	Date of birth	
Email address		
Current home address		
		Postcode
Previous home address (if less than 12 months at current address above)		
		Postcode

Director 4

Full name			
National insurance number	HMRC Unique Tax Reference (UTR)		
Telephone number	Date of birth		
Email address			
Current home address			
		Postcode	
Previous home address (if less than 12 months at current address above)			
		Postcode	

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. InvestAcc is entitled to charge for this, and any other work associated with the establishment of the scheme, in line with its latest Terms & Conditions.

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 InvestAcc to speak to our professional contacts named within this application. We confirm 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	
Main scheme contact details	
Contact name	
Contact address	
	Postcode
Telephone number	
Email address	
The scheme year end will be 5th April, which is consistent with HMRC reporting requirements. All members will be appointed as trustees. We request that InvestAcc Pension Trustees Limited acts as independent trustee. We request that InvestAcc Pension Trustees Limited act as scheme administrator and reg	istars the scheme with HMRC
We request that InvestAcc Pension Administration Limited registers the scheme with the Information Commissioner's Office, and we understand that we will be liable for those fee	Pensions Regulator and the
Payment of InvestAcc's scheme fees	
Please provide an indication below who will normally settle fees	
Scheme trustees (from scheme assets) Principal employer	
Note that 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 any are unregulated investments). If one of the investments you intend to make is a loan to the sponsoring employer or a participating 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 the full name, address and contact phone number for each proposed investment provider.
Please provide the projected fund value at the end of the first year of the pension scheme's existence.

Bank and identity verification

Trustee bank account

We will open a trustee bank account with one of our preferred bankers.

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. You cannot use the same document to prove your identity and your address, nor can you use two documents from the same source (e.g. DWP and Jobcentre).

- Photocopy of original document to be signed, dated and certified as "original seen". Each copy document must be
 individually certified and where the copy document comprises more than one page, the certifier must certify the first page
 and sign and date all key pages (key pages being those with personal details on and the signatory page).
- 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, contact number, 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 – Proof of Identity	List 2 - Proof of Address
UK or Irish passport (unexpired and signed).	UK old style paper driving licence (unexpired and signed).
Passport - non-UK/non-Irish (with valid right to remain*).	Notification of entitlement to UK Government or Local Authority pension or benefits (less than 12 months old).
UK driving licence (unexpired, signed and photograph in date).	Local Authority Council Tax bill, demand letter or exemption certificate (for current tax year).
EEA or Switzerland identity card (with valid right to remain*).	HMRC correspondence (less than 12 months old) (not P45/P60s. For example: notice of tax coding, tax summary statement, tax credit document.
Electoral ID Card issued by the Electoral Office for Northern Ireland (unexpired).	Bank, building society, credit card or credit union statement (less than three months old).
Blue Badge disabled parking permit (unexpired).	Utility bill (less than three months old, unless annualised bill, in which case less than 12 months old). For example: gas, electricity, water, broadband, satellite/cable or landline telephone supplier, etc.
Biometric residence permit (with valid right to remain*).	Voters roll search screen print.
UK old style paper driving licence (unexpired).	Local authority or housing association tenancy agreement. (less than 12 months old and must be current).
Notification of entitlement to UK Government or Local Authority pension or benefits (less than 12 months old).	Mortgage statement from a recognised lender (less than 12 months old).
HMRC correspondence (less than 12 months old) (not P45/P60s). For example: notice of tax coding, tax summary statement, tax credit document.	If the individual is under 18 and unable to provide a proof of address document from the standard list, one of the following documents can be accepted instead:
	Confirmation from your work, school/college/university/care institution. Photocard driving licence unexpired (provisional acceptable). Recent bank statement (must be dated within 3 months). Child Benefit or Child Tax Credit documentation (less than 12 months old).
If the individual is under 18 and unable to provide a proof of identity document from the standard list, one of the following documents can be accepted instead:	
Young person's Proof of Age Standards (PASS) Card (unexpired). Birth certificate. Adoption certificate. NHS medical card. Young Scots National Entitlement Card (unexpired).	
UK photo card driving licence (unexpired, signed and photograph in date).	

^{*} Right to remain includes: Biometric Residence Permit, settled status, pre-settled status, valid VISA. Visitor VISA is not acceptable.

Professional Adviser information

Has a financial adviser been involved with setting up this SS	AS?	
Yes No		
If 'Yes', please ask the scheme's financial adviser to complete the	e information below:	
Financial adviser name		
Company name		
Address		
		Postcode
Telephone number (principal firm)	Email address	
FCA authorisation number (principal firm)		
FCA authorisation number (appointed representative) if applicable		
Investments Contributions Transfers Signed (financial adviser)	Establishment of the S	SAS
By submitting this application form to us, the financial adviser firm of business, available on our website: www.investaccpensions.co	n above confirms acceptance of o.uk/termsofbusiness	our current intermediary terms
Accountant name		
Accountancy firm name		
Address		
		Postcode
Telephone number	Email address	

Member information (1)

Personal details

Title	Forename(s)				
Surname					
Current home addre	ess				
				Postcode	
Previous home addr (if less than 12 mont	ress ths at current address above)				
				Postcode	
National insurance r	number		HMRC Unique Tax Reference	ee (UTR)	
Mobile phone numb	er		Phone number (office hours		
Date of birth (DD/MI	M/YY)		Email address		
Date of joining comp	pany (DD/MM/YY)		Normal retirement age (55 to State Pension Age will be as		
*Note that the normal m	iinimum pension age increases from 55 t	to 57 on 6 April 2028.			
Marital status Single Married Divorced Widowed Civil partnership Is the member a director? Yes No Shareholding % Spouse details					
Full name of spouse					
Spouse's date of bir	rth (DD/MM/YY)				
Proposed cont	ributions				
Monthly £	Annua	£	Single		
Transfers Are you going to transfer your benefits under one or more registered pension schemes into this scheme?					
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 transfe (transfer of existing assets)	ers?	Approx. value £	

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, you can download a fresh nomination of beneficiaries form from our website, or you can ask us to send you one.

Declaration

I hereby apply to become a member of the pension 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 I have read the latest InvestAcc SSAS Permitted Investments and SSAS Terms & Conditions documents, 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.

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 2018.

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.

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 an applicant to become 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	Surname								
Current home addre	Current home address								
	Postcode								
Previous home address (if less than 12 months at current address above)									
Postcode									
National insurance	number			HMRC Unique Tax Refer	rence (UTR)				
Mobile phone numb	er			Phone number (office ho	ours)				
Date of birth (DD/M	M/YY)			Email address					
Date of joining com	pany (DD/MM/YY)			Normal retirement age (5 State Pension Age will be		lank.			
*Note that the normal m	inimum pension age increa	ases from 55 to	57 on 6 April 2028.	I					
Marital status Single Married Divorced Widowed Civil partnership Is the member a director? Yes No Shareholding % Spouse details Full name of spouse Spouse's date of birth (DD/MM/YY)									
Proposed cont	ributions								
Monthly £	Monthly £ Annual £ Single £								
Transfers Are	Transfers Are you going to transfer your benefits under one or more registered pension schemes into this scheme?								
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	Number of transfers to be made? Number of in-specie transfers? (transfer of existing assets) Approx. value								

Member information (2) 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

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Beneficiary full name	Relationship	%
Beneficiary full name	Relationship	%
Beneficiary full name	Relationship	%

Total	%
-------	---

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Member information (2) 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.

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

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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 an applicant to become a member and trustee.

	Signature	Date
ļ		
	Print name	
Į		

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	Surname							
Current home address								
	Postcode							
Previous home addr (if less than 12 mont	ress ths at current address	above)			,			
	Postcode							
National insurance	number			HMRC Unique Tax Referer	nce (UTR)			
Mobile phone numb	er			Phone number (office hour	rs)			
Date of birth (DD/MI	M/YY)			Email address				
Date of joining comp	pany (DD/MM/YY)			Normal retirement age (55 State Pension Age will be a				
*Note that the normal m	inimum pension age inc	creases from 55 t	o 57 on 6 April 2028.					
Marital status								
Single	Married	Div	vorced Wide	owed Civil	partnership			
Is the member	a director?							
Yes	Yes No Shareholding %							
Spouse details								
Full name of spouse	;							
Spouse's date of bir	rth (DD/MM/YY)							
D	uille e di e u							
Proposed cont	ributions							
Monthly £		Annua	£	Single	2			
Transfers Are you going to transfer your benefits under one or more registered pension schemes into this scheme?								
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	Number of transfers to be made? Number of in-specie transfers? (transfer of existing assets) Approx. value							

Member information (3) 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.

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Beneficiary full name	Relationship	%
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Beneficiary full name	Relationship	%
Beneficiary full name	Relationship	%

Total	%
-------	---

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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.

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Member information (3) continued

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Signed in my capacity as an applicant to become a member and trustee.

Signature	Date
Print name	
Fillulane	

Please sign and date this application and return it to

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

Member information (4)

Personal details

Title	Forename(s)					
Surname	Surname					
Current home address						
	Postcode			Postcode		
Previous home addi	ress hs at current address ab	ove)				
						Postcode
National insurance	number			HMRC Unique Tax Reference (UTR)		
Mobile phone numb	er			Phone number (office ho	ours)	
Date of birth (DD/M	M/YY)			Email address		
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Proposed contributions						
Monthly £		Annual	£	Single	£	
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Member information (4) continued

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Signed in my capacity as a member and trustee.

Signature

Print name	

Date

Please sign and date this application and return it to

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

Application checklist

0	Completed new scheme establishment application
0	Certified copy ID documents
0	Transfer in forms (if applicable)
0	Property and land questionnaire (if applicable)
0	Loan application (if applicable)



Solway House Business Park Kingstown Carlisle CA6 4BY

t: 01228 538 988

f: 01228 535 988

e: sales@investacc.co.uk

www.investaccpensions.co.uk









