



Small Self-Administered Scheme

SSAS Scheme Application Form

- Establishment of New Small Self Administered Scheme
- Form to be completed and signed by Principal Employer
- Form to be completed and signed by Member Trustees
- This document, together with the governing Trust Deed, Rules and the Fee Schedule forms a legally binding agreement.

Your completed form should be returned to:

Cranfords, 1 The Pavilions, Cranford Drive, Knutsford, Cheshire, WA16 8ZR

www.cranfords.biz

jmin@cranfords.biz

Scheme Details

SSAS Scheme Name	A.C. MARRIOTT		
Contact Name	ANTHONY MARRIOTT		
Contact Address	25 HIGHFIELD ROAD		
	SOUTHPORT	PR9 8QL	
Telephone	07790 034 302	Number of Members	2
		Normal Retirement Age	70

Principal Employer Details

Company Name	A. C. MARRIOTT		
Contact Name	ANTHONY MARRIOTT		
Registered Office Address	25 HIGHFIELD ROAD		
	SOUTHPORT	PR9 8QL	
Telephone	07790 034 302		
Email	tony@marriottplumbing.co.uk		
Company Reg No.	6483477	Employer Status	DIRECTOR
Trading Year End	31 MARCH	Nature of Business	PLUMBING & HEATING

Company identity documentation required

Confirmation of Verification of Identity for Corporate and other Non-Personal Entity by your Financial Adviser

or

Copy of Certificate of Incorporation

Data Protection Act

We understand and agree that:

Information about our SSAS will be held by 3110950 Limited for business analysis, fraud prevention and to keep accurate and up to date records

Under the Data Protection Act, we can ask to see copy of the personal information held about us by writing to 3110950 Limited. We understand that this will involve payment of a fee.

Where we act as Data Controllers, we will register under the terms of the Data Protection Act.

Information will be held after you no longer act for us. Any information will be held in the strictest confidence and is subject of the provisions of Data Protection legislation.

It is a serious offence to make false statements.

Member Details (Please complete separate sheets for each Member)

Title	MR
Forename(s)	ANTHONY COLIN
Surname	MARRIOTT
Residential Address	25 HIGHFIELD ROAD
	SOUTHPORT, PR9 8QL
Gender	MALE
Date of Birth	08.05.1970
Marital Status	MARRIED
Spouse Date of Birth	03.07.1968
Nationality	BRITISH
Country of Residence	ENGLAND
NI Number	NS729001B
Employment Status	EMPLOYED

i.e. employed, self-employed, unemployed, retired etc

Employer A.C. MARRIOTT

Are you a Director? ☒ Yes / No

Are you a shareholder? ☒ Yes / No

Are your benefits subject to a pension sharing order? Yes / ☒ No

Please provide relevant documentary evidence

Are your benefits subject to protection? Yes / ☒ No

Please provide a copy of the HMRC certificate

Are you in receipt of retirement benefits? Yes / ☒ No

Please provide relevant documentary evidence

Member Details (Please complete separate sheets for each Member)

Title	MRS
Forename(s)	LISA MARIE
Surname	MARRIOTT
Residential Address	25 HIGHFIELD ROAD
	SOUTHPORT, PR9 8QL
Gender	FEMALE
Date of Birth	03.07.1968
Marital Status	MARRIED
Spouse Date of Birth	08.05.1970
Nationality	BRITISH
Country of Residence	ENGLAND
NI Number	NP968766C
Employment Status	EMPLOYED

i.e. employed, self-employed, unemployed, retired etc

Employer MILTON ASSOCIATES (NW) LTD

Are you a Director? Yes / ☒ No

Are you a shareholder? Yes / ☒ No

Are your benefits subject to a pension sharing order? Yes / ☒ No

Please provide relevant documentary evidence

Are your benefits subject to protection? Yes / ☒ No

Please provide a copy of the HMRC certificate

Are you in receipt of retirement benefits? Yes / ☒ No

Please provide relevant documentary evidence

Transfer Details

Member Name	ANTHONY COLIN MARRIOTT
Scheme name	
Policy / Member No	UP/0009664101
Provider Name	SCOTTISH EQUITABLE
Provider Address	EDINBURGH PARK
	EDINBURGH, EH12 9SE
Provider Telephone	0845 610 0010
Scheme Type	FLEXIBLE PENSION PLAN

Occupational, Personal etc

Estimated Transfer Value 15,409

is the transfer in-specie? Yes / ☒ No

Details of in-specie assets

Are you taking benefits from this arrangement? Yes / ☒ No

If YES, please provide the following information

Date PCs taken	
PCs Amount	
SLTA used	
Maximum Pension	
Actual Pension in payment	
Frequency of pension payment	
Next Review Date	

For additional transfers/members please copy this page and attach to the SSAS Application form.

Where a member wants to make contributions to the scheme please complete a Contribution Application Form

Transfer Details

Member Name	LISA MARIE MARRIOTT
Scheme name	
Policy / Member No	UP/0009625730
Provider Name	SCOTTISH EQUITABLE
Provider Address	EDINBURGH PARK
	EDINBURGH, EH12 9SE
Provider Telephone	0845 610 0010
Scheme Type	FLEXIBLE PENSION PLAN

Occupational ,Personal etc

Estimated Transfer Value	19,460
Is the transfer in-specie?	Yes / <input checked="" type="radio"/> No
Details of in-specie assets	
Are you taking benefits from this arrangement?	Yes / <input checked="" type="radio"/> No

If YES, please provide the following information

Date PCLS taken	
PCLS Amount	
5 LTA used	
Maximum Pension	
Actual Pension in payment	
Frequency of pension payment	
Next Review Date	

For additional transfers/members please copy this page and attach to the SSAS Application form.

Where a member wants to make contributions to the scheme please complete a Contribution Application Form

Beneficiary Nomination for Death Benefits

Member Name	ANTHONY COLIN MARRIOTT
Beneficiary 1 Name	LISA MARIE MARRIOTT
Beneficiary 1 Address	25 HIGHFIELD ROAD
	SOUTHPORT, PR9 8QL
Relationship to member	WIFE
% Share	100

Member Name	LISA MARIE MARRIOTT
Beneficiary 2 Name	ANTHONY COLIN MARRIOTT
Beneficiary 2 Address	25 HIGHFIELD ROAD
	SOUTHPORT, PR9 8QL
Relationship to member	HUSBAND
% Share	100

Member Name	
Beneficiary 3 Name	
Beneficiary 3 Address	
Relationship to member	
% Share	

You can change your nomination at any time by completing a new Nomination of Beneficiary Form.
Please use additional sheets if you wish to appoint more than three beneficiaries.

The Trustees will consider your wishes but shall not necessarily be bound by them. If you do not complete this section the Trustees will exercise their full discretion as to whom your benefits should be paid.

For additional Members, please copy this page and attach to the SSAS application form.

Appointment of Financial Adviser

Company Name	MILTON ASSOCIATES		
Company FCA Ref No	215613		
Address	POST OFFICE COTTAGE, 1A SHELLFIELD RD		
	SOUTHPORT, PR9 9US		
Contact Name	ROB MILTON		
Contact Telephone	07721 414724		
Contact E-mail	rob.milton@openwork.uk.com		
Adviser Name	ROB MILTON		
Adviser FCA IRN	215613		
Adviser Fees - Initial	£ 0	OR	%
Adviser Fees - Renewal	£ 0	OR	%

Fund Investments

Please provide details of the proposed investments of the fund

Cash Deposits	
Investment Managers, Stockbrokers Fund Platforms	
Directly held funds	
Property	
Loans	
Unquoted Shares	
Other	DOLPHIN CAPITAL GMBH

Employer Declaration

On behalf of the sponsoring employer, we request that Cranfords establish a Small Self Administered Scheme (the Scheme) and we agree to be bound by the Trust Deed and Rules of the Scheme. We confirm that we are acting in accordance with the Memorandum and Articles of Associate of the Company or Partnership Agreement

We understand that Cranfords are the Scheme Administrator.

I/We understand that once a contribution has been made to the Scheme, it cannot be returned without incurring a tax charge.

I/We confirm that we have the necessary capacity and authority to enter into this agreement

I/We acknowledge that we are aware of the risk factors of entering into a SSAS.

I/We understand and agree that Cranfords are entitled to charge fees and expenses for administering the plan. We confirm that we have received a copy of the Administration Service Agreement current at the date of this application and agree to pay the fees as set out in that schedule. We understand that the charges represent Cranfords fees and will not be refunded if the plan is closed or transferred on any date other than the anniversary date by giving 30 days notice. We also understand that the fees payable in respect of the plan may be amended or increased from time to time upon reasonable prior notice.

As Cranfords is a trading name, invoices for fees are issued by and payable to Cranfords. We understand that if fees are not met within 28 days, steps will be taken to recover the outstanding fees and that we will be required to cover all costs associated with the recovery of the fees.

I/We understand and agree that Cranfords shall not bear any liability for any tax charge, unauthorised payment charge, lifetime allowance charge (or any other charge under the Finance Act 2004) payable by or in respect of the plan. If any such charge is incurred or such payment is made, we understand and agree that Cranfords shall be entitled to take steps to recover any fees, charges or expenses incurred by them in respect of such liability in the manner described above.

I/We understand that Cranfords will normally correspond with the Financial/Professional Adviser named on page 7 unless we have requested otherwise.

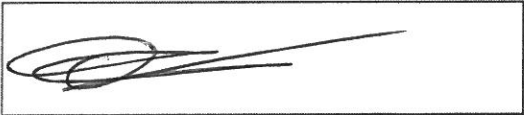
I/We agree to the Advisers fees set out on page 7 to be paid from the SSAS fund

I/We understand and agree that there will be no earmarking of any assets to particular benefits or members under the plan.

To the best of my/our knowledge and belief the statements included in the application are true and complete

I/we understand that it is an offence to make false statements and that the penalties are severe and could lead to prosecution.

To be signed by a director of the Principal Employer

Signature		Print Name	ANTHONY MARRIOTT
Position	DIRECTOR	Date	08.10.14

General Declaration

I/We 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/We declare that the information provided in this application form, and any other documents completed in connection with this application, is/are to the best of my knowledge and belief, correct and complete.

I/We will not require, nor attempt to require, the withdrawal of funds held to provide benefits for me under the Scheme, or the income on those funds, other than in accordance with the rules of the Scheme. In the event that an unauthorised payment is made, I/we agree to the scheme administrator deducting the amount of any scheme sanction charge, or other charge, levied by HMRC on the scheme administrator from the funds held for me/us under the Scheme in order to pay that charge to HMRC. If there are insufficient funds held for me/us under the Scheme, I/we agree to pay the scheme administrator the amount by which the charge exceeds the value of my funds under the Scheme.

I/We are not aware of any reason why I am/we are not permitted to act in the capacity of Trustee.

I/We agree to the fee structure set out in the Administration Service Agreement and understand that the appropriate fees may be paid to Cranfords by withdrawal from my/our Scheme Fund.

I/We agree that where there are insufficient funds available in my/our Scheme to cover your fees in full, these will be settled by encashment/surrender/sale of other assets held by the Scheme and that payment will not be unreasonably withheld.

I/We agree to the appointment of the Adviser named on page 7 and agree that investment instructions given by the Adviser to Cranfords are made on my/our behalf with my/our full knowledge and consent. I/We agree to the Adviser's fees set out above being paid from my/our Scheme funds by Cranfords.

I/We agree and accept to the liability and indemnity clause in the Trust Deed and Rules of the Scheme.

Data Protection Act 1998 - Your Information

We will use the information provided to check your identity, and that of any other person providing funds on behalf of an investment made in your name. Our checks are recorded. We use scoring methods to verify your identity as this provides a thorough check of the available data. If you supply false or inaccurate information and we suspect fraud, we will inform the fraud prevention agencies. If we cannot verify your identity by electronic means, we may ask you for additional information.

Please write to us at the address provided in this Application Form if you want a copy of the identity check report, you have a legal right to these details. We may charge a fee for providing the information. You have a right on payment of a fee to receive a copy of the information we hold about you if you apply to us in writing.

Any information supplied by you will be treated in the strictest of confidence and will be held in accordance with the Data Protection Act 1998.

Bank Account

I/We understand that a pension scheme bank account will be established on behalf of my/our Scheme with Santander.

I/We agree and provide confirmation to Cranfords to instruct payments on my account for the following reasons:

1. Payment of my fees for the administration of my pension scheme
2. To place investments from my pension scheme into investments that I have selected and completed a signed application for
3. In respect of my pension benefits when I elect to retire
4. Any tax or VAT due to HMRC
5. Any other payment in line with the administration of my pension scheme

I/We agree to act as Trustee and accept the duties and responsibilities of Trustee as set out in the Trust Deed and Rules.

Trustee Terms

I agree to my/our appointment as trustee and understand that:

1. the main purpose of the Scheme must be the provision of retirement and death benefits;
2. the trustee has general duties under the law and specific duties imposed by the Trust Deed and Rules. A trustee must be aware of the liabilities of the trust and any limitations imposed by HMRC;
3. the trustees have a duty to invest trust assets in the best interests of the beneficiaries and to act as a prudent person would when investing on their own behalf; and
4. under trust law all trustees of a trust are jointly responsible for the administration and management of the trust assets whether or not any duties have been delegated to a third party;

Finance Act 2004

For information, the receiving scheme is a registered pension scheme under Finance Act 2004.

Transfers

I/We authorise my previous company scheme provider, or any insurer or other pension provider and HMRC to disclose to 3110950 Ltd t/a Cranfords any details they request about the benefits provided for me/us.

I/We understand that, in the case of a transfer of a pension arrangement which is paying retirement benefits in the form of income drawdown, the Scheme must continue to apply the same maximum income, the same income year and same review dates that applied under the transferring scheme.

I/We hereby request and consent to the payment of the transfer value(s) from my/our previous scheme/arrangement(s) to the Scheme. I/We understand that the transfer may only be applied to pay benefits at the time I/we take my/our retirement or on my/our death. I/we agree and consent to Cranfords providing the transferring scheme provider with details of the SSAS when requested to facilitate the transfer.

Request for transfer

I authorise and instruct you to transfer funds from the plan as listed in this form directly to the receiving scheme in the form of

1. A cash payment made by cheque, or such other method agreed with Cranfords or
2. An in specie transfer of assets held on my behalf (after deduction of any outstanding liabilities or charges). Where appropriate Cranfords will advise details of the nominee/parties to whom assets must be transferred. I understand that the existing investment manager or administrator of the transferring scheme is responsible for collecting dividends and tax reclaims, and realising all rights and entitlements in respect of the assets transferred and for passing them to the receiving scheme.

Where you have asked me to give you original policy documents in return for the transfer of funds and I am unable to do so, I promise to accept responsibility for any claims, losses and expenses of any nature which you may incur as a result of having made the transfer listed in this form.

I authorise you to release all necessary information to Cranfords to enable the transfer of funds to the receiving scheme. I agree that a copy of this authority should have the validity of the original.

I authorise you to obtain and release to the financial adviser any additional information that may be required to enable the transfer of funds.

If an employer is paying contributions to any plans as listed in this form, I authorise you to release to that employer any relevant information in connection with the transfer of funds from the relevant plan.

Until this application is accepted and complete, the receiving scheme administrator's responsibility is limited to the return of the total payment to the current plan.

Where the payment made to receiving scheme represents all of the funds under the plan listed in this form, then payment made as requested will discharge the current provider of all claims and responsibilities in respect of the plan listed.

Where the payment made to the receiving scheme represents part of the funds under the plan listed in this form, then the current provider will be discharged of all claims and responsibilities only in respect of the part of the plan represented by the payment.

I promise to accept responsibility in respect of any claims, losses and expenses that Cranfords and the current provider may incur as a result of any incorrect information provided by me in this application or any failure on my part to comply with any aspect of this application.

I apply to the scheme administrator of the receiving scheme to accept the transfer from the transferring scheme and to pay it into my SSAS. I confirm that the information provided relevant to my application to transfer benefits into my SSAS is correct and complete, to the best of my knowledge and belief.

I confirm that any adviser charges must be paid in accordance with the adviser charges option selected previously.

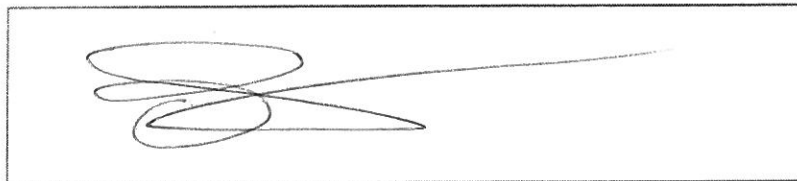
I confirm that I have not received any advice or recommendation in relation to the transfer from a representative of Cranfords.

I/We agree to act as Trustee and accept the duties and responsibilities of Trustee as set out in the Trust Deed and Rules.

Member Trustee Name

ANTHONY COLIN MARRIOTT

Signature



Date

08.10.14

Transfers

I/We authorise my previous company scheme provider, or any insurer or other pension provider and HMRC to disclose to 3110950 Ltd t/a Cranfords any details they request about the benefits provided for me/us.

I/We understand that, in the case of a transfer of a pension arrangement which is paying retirement benefits in the form of income drawdown, the Scheme must continue to apply the same maximum income, the same income year and same review dates that applied under the transferring scheme.

I/We hereby request and consent to the payment of the transfer value(s) from my/our previous scheme/arrangement(s) to the Scheme. I/We understand that the transfer may only be applied to pay benefits at the time I/we take my/our retirement or on my/our death. I/we agree and consent to Cranfords providing the transferring scheme provider with details of the SSAS when requested to facilitate the transfer.

Request for transfer

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2. An in specie transfer of assets held on my behalf (after deduction of any outstanding liabilities or charges). Where appropriate Cranfords will advise details of the nominee/parties to whom assets must be transferred. I understand that the existing investment manager or administrator of the transferring scheme is responsible for collecting dividends and tax reclaims, and realising all rights and entitlements in respect of the assets transferred and for passing them to the receiving scheme.

Where you have asked me to give you original policy documents in return for the transfer of funds and I am unable to do so, I promise to accept responsibility for any claims, losses and expenses of any nature which you may incur as a result of having made the transfer listed in this form.

I authorise you to release all necessary information to Cranfords to enable the transfer of funds to the receiving scheme. I agree that a copy of this authority should have the validity of the original.

I authorise you to obtain and release to the financial adviser any additional information that may be required to enable the transfer of funds.

If an employer is paying contributions to any plans as listed in this form, I authorise you to release to that employer any relevant information in connection with the transfer of funds from the relevant plan.

Until this application is accepted and complete, the receiving scheme administrator's responsibility is limited to the return of the total payment to the current plan.

Where the payment made to receiving scheme represents all of the funds under the plan listed in this form, then payment made as requested will discharge the current provider of all claims and responsibilities in respect of the plan listed.

Where the payment made to the receiving scheme represents part of the funds under the plan listed in this form, then the current provider will be discharged of all claims and responsibilities only in respect of the part of the plan represented by the payment.

I promise to accept responsibility in respect of any claims, losses and expenses that Cranfords and the current provider may incur as a result of any incorrect information provided by me in this application or any failure on my part to comply with any aspect of this application.

I apply to the scheme administrator of the receiving scheme to accept the transfer from the transferring scheme and to pay it into my SSAS. I confirm that the information provided relevant to my application to transfer benefits into my SSAS is correct and complete, to the best of my knowledge and belief.

I confirm that any adviser charges must be paid in accordance with the adviser charges option selected previously.

I confirm that I have not received any advice or recommendation in relation to the transfer from a representative of Cranfords.

I/We agree to act as Trustee and accept the duties and responsibilities of Trustee as set out in the Trust Deed and Rules.

Member Trustee Name

LISA MARIE MARIOTT

Signature

L. Marriott

Date

08.10.14