

SSAS Set up questionnaire

Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com

Name of Scheme **LIFTERZ SSAS**
Name of Company/
Employer creating the Scheme **LIFTERZ LIMITED**
Serving Address for
Pension Correspondence **MILNER WAY**
OSSETT
WEST YORKSHIRE
WF5 9JE
Telephone Number **0845 1800 008**
Contact Name
Email Address **OSSETT@LIFTERZ.CO.UK**

Accountant Details

Name of the Company **TBA-**
Contact Name **(contemplating change at this time).**
Telephone Number
Email Address
Address

Financial Advisor Details

Name of the Company **TAG WEALTH MANAGEMENT**
Contact Name **DAVID THOMPSON**
Telephone Number **0114 263 0888**
Email Address **INFO@TAG.UK.COM**
Address **RIVERDALE, 89 GRAHAM ROAD**
SHEFFIELD
S10 3GP

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Trustees

Trustee 1 Title (Mr, Miss, Mrs)	MR	Forename(s)	BENJAMIN
Surname	BOWERS	Date of Birth	15/08/1978
Proposed Retirement Date		National Insurance Number	JG-52-58-57-B
Home Address	THE TOLL HOUSE DENBY LANE, UPPER DENBY HUDDERSFIELD HD8 8TZ		
Is this Trustee also a Member?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Trustee 2 Title (Mr, Miss, Mrs)	MRS	Forename(s)	LUCY
Surname	BOWERS	Date of Birth	02/07/1981
Proposed Retirement Date		National Insurance Number	
Home Address	THE TOLL HOUSE DENBY LANE; UPPER DENBY HUDDERSFIELD HD8		
Is this Trustee also a Member?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Trustee 3 Title (Mr, Miss, Mrs)	MR	Forename(s)	MALCOLM
Surname	BOWERS	Date of Birth	04/02/1949
Proposed Retirement Date		National Insurance Number	YM-59-74-90-B
Home Address	120 PADDOCK ROAD KIRKBURTON HUDDERSFIELD HD8 0TT		
Is this Trustee also a Member?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Trustee 4 Title (Mr, Miss, Mrs)	MRS	Forename(s)	LYNNE
Surname	BOWERS	Date of Birth	12/02/1949
Proposed Retirement Date	National Insurance Number		
Home Address	120 PADDOCK ROAD		
	KIRKBURTON		
	HUDDERSFIELD		
	HD8 0TT		
Is this Trustee also a Member?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Trustee 5 Title (Mr, Miss, Mrs)	Forename(s)
Surname	Date of Birth
Proposed Retirement Date	National Insurance Number
Home Address	
Is this Trustee also a Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please return this form to:
info@pensionpractitioner.com

Alternatively, post this form to:
Pension Practitioner .Com
Daws House
33-35 Daws Lane
London
NW7 4SD

Signed

Date