

Small Self-Administered Scheme

Contribution Form

Before you start

The Contribution Form must be completed if you, your employer, or any other party want to make a single or regular contribution to your pension scheme. Regular contributions should be paid by Standing Order and you (or the third party or employer) should establish the standing order with the remitting bank.

Please ensure you complete all relevant sections.

This form is also required if you wish to make amendments to your existing regular contributions.

If you are unsure about your options then we recommend that you speak to a Financial Adviser.

Your completed form should be returned to:

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

Member details

Full Name

MICHAEL ANTHONY BRIGGS.

Date of Birth

25/12/1968

National Insurance Number

NR71 05 23 B

Home Address

53 ST. MARY'S ROAD, TILHILL, DONCASTER,

DN11 9JJ.

Scheme Name

DONCASTER ELECTRICAL SERVICES LTD.

Protection

Do you have Enhanced / Fixed Protection?

Yes / No

If you have Enhanced or Fixed Protection any contributions you make to this scheme will result in the loss of your protection.

☐☒

Pension Input Periods

The pension input period (PIP) is the period over which your contributions are tested against the Annual Allowance. We will automatically align your PIP with the tax year unless you instruct us otherwise.

If you wish to nominate a different date for your PIP please confirm here:-

Source of Funds

Please confirm (tick one) how the contribution is to be funded

From earnings	<input type="checkbox"/>	Savings	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
Winnings	<input type="checkbox"/>	Capital Gain	<input type="checkbox"/>
Gift	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>

Eligibility

Occupation	ELECTRICAL CONTRACTOR
Approximate Annual Earnings (£)	

Please confirm **ONE** of the list below:

EMPLOYED (chargeable to income tax under Chapter 2 of Part 2 on the Income Tax (Earnings and Pensions Act) 2003.	<input type="checkbox"/>
PENSIONER (chargeable to income tax under Part 9 of the Income Tax (Earnings and Pension) Act 2003.	<input type="checkbox"/>
SELF-EMPLOYED (chargeable to tax under Chapter 2 of Part 2 of the Income Tax (Trading and Other Income) Act 2005.	<input type="checkbox"/>
CHILD (under the age of 16).	<input type="checkbox"/>
OTHER (any individual not falling into one of the categories above.) (please also complete below)	<input type="checkbox"/>

If you have selected 'other' from the above list, please confirm (tick one) which of the below statements best applies to you at the relevant date:

Caring for one or more children under age 16	<input type="checkbox"/>
Caring for a person aged 16 or over	<input type="checkbox"/>
In full time education	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Other	<input type="checkbox"/>

Personal Contributions

Complete this section if you are making a contribution to your scheme, or it is being made by a third party other than your employer. Personal and third party contributions should be paid to your SSAS gross. If you are eligible, you can obtain tax relief as part of your self-assessment tax return.

Contribution Amount (Gross):-

Contribution Type:- Single ☐ Regular ☐

Frequency of regular contributions:- N/A ☐ Monthly ☐ Quarterly ☐ Annually ☐

Start date of regular contributions:- N/A ☐

Third Party Contributions

Complete this section if your contribution is to be paid by a third party, other than your employer.

Full Name

Full Address

Employer Contributions

This section should be completed where your employer will be making contributions to your scheme.

Company Name

Contact Name

Company Address

Email Address

Telephone No(s).

Contribution Amount (Gross):-

Contribution Type:-

Single

Regular

Frequency of regular contributions:-

N/A

Monthly

Quarterly

Annually

Start date of regular contributions:-

N/A

Signatory Name

Position in Firm

Signature
of employer

Date

Declaration

To: the trustees and scheme administrator of the Scheme named.

I am aware of the current limits and allowances regarding tax relief.

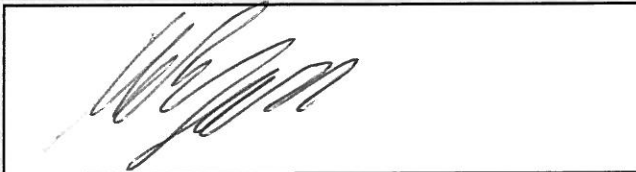
I declare that:

- a) The total contributions that have been or will be paid to any registered pension scheme in respect of which I am entitled to tax relief under section 188 of the Finance Act 2004 will not exceed the higher of the following:
- The basic amount (£3,600); or
 - My "relevant UK earnings" for the tax year in question, within the meaning of section 189 of the Finance Act 2004.
- b) The declaration & information I have given in this application is, to the best of my knowledge and belief, correct and not misleading.
- c) I will give notice to Cranfords in writing by the end of the tax year (5th April) or within 30 days (whichever is later) if there is a change in:
- my residency status
 - other personal information, such as a change of name or permanent residential address
 - status affecting qualification for tax relief

Members Name

MICHAEL ANTHONY BRIGGS.

Signature



Date

9/10/15