



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.

Scheme Details

Scheme Name		Scheme Contact	
Contact Address			
Telephone		Number of Members	
		Normal Retirement Age	

Principal Employer Details

Company Name		Contact	
Registered Office Address			
Telephone		Email	
Company Registered Number		Employer Status	
Trading Year End		Nature of Business	

Additional/Participating Employer Details

Company Name		Contact	
Registered Office Address			
Telephone		Email	
Company Registered Number		Employer Status	
Trading Year End		Nature of Business	

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	
Position		Date	

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 sheet for each Member)

Title	
Forename (s)	
Surname	
Residential Address	
Gender	
Date of Birth	
Marital Status	
Spouse's Date of Birth	
Nationality	
Country of Residence	
NI Number	
Employment Status	 <i>i.e. employed, self-employed, unemployed, retired etc.</i>
Employer	
Are you a Director?	
Are you a Shareholder?	
Are your benefits subject to a pension sharing order?	 <i>Please provide relevant documentary evidence</i>
Are your benefits subject to protection?	 <i>Please provide a copy of the HMRC certificate</i>
Are you in receipt of retirement benefits?	 <i>Please provide relevant documentary evidence</i>

Member Declaration

I/We apply for membership of the pension scheme named above (the Scheme) and agree to be bound by the Trust Deed and Rules of the Scheme. I/We request the Scheme Administrator to issue such documents and provide appropriate benefits as may be required from time to time

I/We confirm that I/we have the necessary capacity and authority to enter into this agreement and acknowledge that I/we are aware of the risk factors of entering into 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 authorise my previous company scheme provider, or any insurer or other pension provide and HMRC to disclose to 3110950 Ltd (trading as Cranfords) any details they request about the benefits provided for me/us.

I/We have read and understood the Trust Deed and Rules of the Scheme and agree to the information and conditions set out in these documents

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 accept that the Administration Service Agreement may be updated and that an up to date version is available on request

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 investments held by the Scheme and that payment will not be unreasonably withheld

I/We agree and consent to being jointly and personally liable for the fees payable by the full membership of the Scheme at any time and understand that this may require me/us to pay fees on behalf of another member and that I/We may be personally liable for those fees

I/We agree to investments and assets of the Scheme being registered in the joint name of the Member Trustees

I/We agree to be bound by the declarations regarding the Data Protection Act

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 and with my/our full knowledge and consent.

I/we agree to the Adviser's fees set out above being paid from my/our Scheme fund by Cranfords.

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, this must continue to apply the same maximum income, the same income year and same review dates that applied under the transferring scheme.

I/we declare that if gross pension contributions paid by me/us, or on my/our behalf for any tax year exceed the Annual Allowance, I/we will be liable for an Annual Allowance tax charge.

I/we declare and agree that should it be necessary to realise investments to pay retirement or death benefits or fees from the Scheme in relation to any of its members, and agreement cannot be reached on which investments to sell, that this decision can be made by Cranfords and I/we agree to be bound by its decision.

I/we confirm that I/we will only require my/our Scheme to make payments authorised for the purposes of the Finance Act 2004. I/we will not carry out any action which could give rise to an Unauthorised Payment.

I/we declare that if I/we are to draw retirement benefits from my/our Scheme, I/we will not use any part of my/our tax free lump sum, either directly or indirectly to fund a pension contribution to a Registered Pension Scheme in a way that would exceed the maximum permitted under the recycling of lump sum regulations.

I/we appoint the nominated beneficiary(ies) named above to receive benefits from the Scheme Fund on my/our death. I/we understand that this is an expression of wishes and the Trustees are not bound by this appointment.

I/we understand that I/we may change my/our nomination by informing you in writing at any time.

I/we will inform the Scheme Administrator when any of the following occur: change in employer, change in employment status, no longer resident in the UK, become resident in UK after living abroad, no longer entitled to tax relief.

In the case of a transfer in, 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.

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

I/we agree to Cranfords carrying out checks to establish proof of my/our identity and residence, and those of my/our employer. Should these checks prove unsatisfactory, I/we will be required to provide proof of identity to the satisfaction of the 3110950 Limited, who may at its sole discretion determine whether to accept my/our application.

If I/we are a member joining an existing pension scheme after the date of its establishment I/we agree to its current investments and agree that my/our share of the fund will represent my/our proportionate share of these investments except where agreed otherwise by the Trustees unanimously.

To the best of our knowledge and belief the statements included in the application are true and complete and we understand that it is an offence to make false statements and that the penalties are severe and could lead to prosecution.

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 and 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 from 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 of the plans as listed in this form, I authorise you to release to that employer and 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 the 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 of 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

Signature

Date

Transfer Details

Member Name

Scheme Name

Policy/Member No

Provider Name

Provider Address

Provider Telephone Number

Scheme Type

Occupational, Personal etc.

Estimate Transfer Value

Is the transfer In-specie?

Details of In-specie assets

Are you taking benefits from this arrangement?

If yes please provide the following information

Date PCLS taken

PCLS amount

% 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.

Nomination of Beneficiaries

Member Name

Beneficiary Name 1

Beneficiary Address

Relationship to Member

% Share

Member Name

Beneficiary Name 2

Beneficiary Address

Relationship to Member

% Share

Member Name

Beneficiary Name 3

Beneficiary 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			
Address			
Contact Name			
Contact Telephone			
Contact E-mail			
Adviser Name			
FCA Registered Number			
Adviser Fees – Initial	£	OR	%
Adviser Fees - Renewal	£	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	