



Member Application Form

Client Name _____

PLEASE RETURN THIS FORM TO:
Oakleaf Pensions Limited
6 Doolittle Mill
Froghall Road
Ampthill
Bedfordshire
MK45 2ND

CONTENTS

| SECTION | INTERNAL USE |
|---|--------------|
| 1 Scheme Details | |
| 2 Personal Details | |
| 3 Occupation and Eligibility | |
| 4 Expression of Wishes | |
| 5 Member's Declaration | |
| 6 Transfer In of Existing Pension Funds | |
| 7 Declaration | |

Important Information

- (i) This is part of a set of literature including the key features document, fee schedule and terms and conditions, all of which should be read together.
- (ii) The information supplied will be held in the strictest confidence and subject to the provisions of Data Protection legislation.
- (iii) Please sign on pages 6 and 8.
- (iv) Please enclose one form of photo ID and one form of address ID e.g. passport, driving licence, bank statement (dated within three months), utility bill (dated within three months)

1 Scheme Details

Name of SSAS



2 Personal Details

| | | | | | |
|--|-------------------------------|---------------------------------|-------------------------------|-----------------------------|----------------------------|
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other <input type="text"/> |
| Name | <input type="text"/> | | | | |
| Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | | | |
| Date of birth | <input type="text"/> | | Nationality | <input type="text"/> | |
| Unique Taxpayer Reference (10 digit number) | <input type="text"/> | | | | |
| Are you a US citizen? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| National insurance number | <input type="text"/> | | | | |
| Permanent residential address | <input type="text"/> | | | | |
| | <input type="text"/> | | | | |
| | <input type="text"/> | | Postcode | <input type="text"/> | |
| Date moved in | <input type="text"/> | | | | |

If you have lived at this address for less than three years please provide details of all other addresses separately.

| | | |
|-------------------|--|---|
| Telephone numbers | Home <input type="text"/> | Work <input type="text"/> |
| | Mobile <input type="text"/> | Fax <input type="text"/> |
| Email address | <input type="text"/> | |
| Retirement age | <input type="text"/> | You can take benefits any time after the age of 55 years. |
| Marital status | Single <input type="checkbox"/> | Married <input type="checkbox"/> |
| | Civil Partner <input type="checkbox"/> | |
| | Divorced <input type="checkbox"/> | Widowed <input type="checkbox"/> |
| | Other <input type="checkbox"/> | |

Spouse/Civil Partner

| | | | | | |
|---------------|-----------------------------|------------------------------|-------------------------------|-----------------------------|----------------------------|
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other <input type="text"/> |
| Name | <input type="text"/> | | | | |
| Date of birth | <input type="text"/> | | | | |



3 Occupation and Eligibility

What is your occupation?

Employer's name

Employer's address

Postcode

Date you joined the company

Are you a director in the company?

Yes

☐

No

☐

If Yes, what date did you became a director

Percentage owned of company

%



4 Expression of Wishes

In the event of your death please confirm the % split of any benefits payable to your nominated dependant/beneficiary(ies).

Oakleaf Trustees will consider the wishes expressed but the nominations will not be binding.

You may change your nominated beneficiary(ies) in writing at any time.

If you wish to nominate a charity(ies) as a beneficiary please confirm below.

Nomination of dependant/beneficiary(ies)

| NAME(S) OF DEPENDANT/BENEFICIARY(IES) | DATE OF BIRTH | RELATIONSHIP | % |
|---------------------------------------|---------------|--------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

Nomination of charity(ies)

| NAME AND CONTACT DETAILS OF CHARITY(IES) | % |
|--|---|
| | |
| | |
| | |
| | |



5 Member's Declaration

This is our standard application form upon which we intend to rely. For your own benefit and protection you should read this declaration carefully before signing. If you do not understand any point please ask for further information or seek advice from a suitably qualified professional.

How we use your information

The information on this form and any further information provided by you and/or your nominated advisers, now or in the future, will be used by Oakleaf Pensions Limited to:

- 1 Set up and administer your SSAS
- 2 Send information relating to your SSAS to you or your advisers
- 3 Provide statistics for marketing/new business analysis by Oakleaf Pensions Limited or its agents
- 4 Give essential information about your SSAS to others (for example investment providers, regulatory authorities or your agents such as your financial adviser or investment manager) if necessary to run your SSAS and for regulatory purposes.

We may share your information with contracted third parties (including those outside the EEA) as necessary in order to set up and administer your SSAS. Such contracted third parties will hold your information in accordance with UK Data Protection Legislation. Information about you may be kept after your SSAS is closed.

I hereby declare that:

- a I confirm that by completing this application, I agree to become a member of this employer's SSAS and to be bound by the trust deed and rules, as amended from time to time.
- b I declare that the information provided in this application and any other documents completed in connection with this application are true and correct to the best of my knowledge.
- c I understand the main purpose of the scheme must be the provision of retirement and death benefits.

- d I agree not to, or attempt to, withdraw funds to provide benefits for me under the scheme, or the income on those funds, other than in accordance with the rules of the scheme.
- e In the event that an unauthorised payment is made, I agree to the scheme administrator deducting the amount of any scheme sanction charge or other charges levied by HMRC on the scheme administrator from the funds held for me under the scheme in order to pay that charge. If there are insufficient funds I agree to pay the scheme administrator the amount by which the charge exceeds the value of my funds under the scheme.
- f As a trustee I authorise Oakleaf Trustees Limited to register the scheme on behalf of the trustees and to notify HMRC of their appointment as either scheme administrator or scheme practitioner.
- g I authorise Oakleaf Pensions 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.
- h I authorise Oakleaf Pensions Limited to notify HMRC that Oakleaf Trustees Limited will act as either scheme administrator or scheme practitioner for the scheme.
- i I understand that Oakleaf Pensions Limited or any third party as they may appoint, including those outside the EEA, will process and hold on computer or otherwise information about me as a result of this application. I give my consent to obtaining, recording and holding this information and other such personal data as is reasonably required to administer the Scheme and my own benefits. I also give my consent to disclosing to a third party such information about me as may be required by that third party to enable them to trace my whereabouts in the future and require their assistance. I consent to disclosing to HMRC and any other regulatory body such information as is required for their purposes. Where I have disclosed the personal data of other living individuals I am also deemed as agent on behalf of those individuals to have given consent on their behalf and informed them of the identity of the data controllers and the purposes for which their data will be processed.

Please note that it is a serious offence to make a false statement. The penalties are severe and could invalidate membership of the SSAS and lead to prosecution.

Signature

Name

Dated



6 Transfer In of Existing Pension Funds

Please provide details of the benefits you wish to transfer into your SSAS.

Please photocopy this page for each additional transfer.

Provider's Details

| | | | |
|------------------|----------------------|----------|----------------------|
| Name | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | Postcode | <input type="text"/> |
| Telephone number | <input type="text"/> | | |

Transferring Plan/Scheme Details

| | | | |
|--|----------------------|--------------------------|-----------------------------|
| Plan/Scheme Type | <input type="text"/> | | |
| Is this an occupational scheme? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Plan/Scheme Name | <input type="text"/> | | |
| Anticipated transfer value | £ | <input type="text"/> | |
| Does the transfer value represent the full value of the plan/scheme? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you previously taken benefits from the plan/scheme? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| <small>If Yes, we cannot accept a partial transfer</small> | | | |
| IMPORTANT Have you already 'flexi-accessed' your pension rights?* | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

*The amount of contributions you can make may be restricted if you have 'flexi-accessed' your pension rights. If you are unsure as to the circumstances that will limit the level of contributions that you can make please refer to your financial adviser.

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Is this transfer part of a block transfer? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is this plan/scheme subject to a pension sharing/earmarking order? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is this plan/scheme subject to a protected lump sum? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <small>If yes, the protection will be lost if not part of a block transfer</small> | | | | |
| Is this plan/scheme subject to a protected pension age? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <small>If yes, the protection will be lost if not part of a block transfer</small> | | | | |

If the transfer includes 'assets' in-specie please provide full details below



Transfer Authority

I authorise and instruct you to transfer funds from the above Plan/Scheme directly to my Oakleaf Pensions SSAS. I authorise you to release all necessary information requested by Oakleaf Pensions Limited to enable the transfer to complete.

7 Declaration

I promise to accept responsibility in respect of any claims, losses and expenses that Oakleaf Pensions Limited may incur as a result of any incorrect information given above.

I confirm Oakleaf Pensions Limited has not provided me with any advice concerning the suitability of the transfer.

Signed by the member

Name

Dated

