

SSAS Set up questionnaire

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

Name of Scheme **C. MAGGS.**
Name of Company/
Employer creating the Scheme
Serving Address for
Pension Correspondence **427-31. London Rd.
SHEFFIELD
S2. 4LJ**
Telephone Number **07932-633503**
Contact Name **GJM**
Email Address

Accountant Details

Name of the Company
Contact Name
Telephone Number
Email Address
Address

Financial Advisor Details

Name of the Company **GJM & Co.**
Contact Name **GJM.**
Telephone Number **07932-633503**
Email Address **howardmillington@live.com**
Address **427-31. London Rd.
SHEFFIELD
S2. 4LJ.**

2 SSAS Set up questionnaire

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

Trustees

Trustee 1 Title (Mr, Miss, Mrs)

MR

Forename(s)

ANDREW JOSEPH

Surname

MEATON

Date of Birth

4.6.72.

Proposed Retirement Date

60

National Insurance Number

Home Address

37 KIMBERLEY ST.
COLLIER CLIFTON
PR7 5AG.

Is this Trustee also a Member?



Yes



No

Trustee 2 Title (Mr, Miss, Mrs)

Forename(s)

Surname

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member?



Yes



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

Andrew Joseph Meaton

Date

30.1.16