

2 SSAS Set up questionnaire

Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: [info@pensionpractitioner.com](mailto:info@pensionpractitioner.com)

Trustees

Trustee 1 Title (Mr, Miss, Mrs) **MR.** Forename(s) **PAUL.**  
Surname **STIRLAND** Date of Birth **6.2.58.**  
Proposed Retirement Date National Insurance Number **Y2 764991 B**  
Home Address **7 FIELD CL.**  
**WATON.**  
**LINCOLN.**  
**LN2. 3TT.**  
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](mailto:info@pensionpractitioner.com)

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

Signed **PS** **P Stirland**  
Date **27.1.16.**