

## SSAS Set up questionnaire

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

Name of Scheme	
Name of Company/ Employer creating the Scheme	
Serving Address for Pension Correspondence	
Telephone Number	
Contact Name	
Email Address	

## **Accountant Details**

Name of the Company		
Contact Name		
Telephone Number		
Email Address		
Address		

Financial Advisor Details

Name of the Compar	IV GUA (.	
Contact Name	WH	
Telephone Numbe	07932-	633203.
Email Address		

Address



2 SSAS Set up questionnaire

elephone: 0800 634 4862 Fax: 020 8711 2522 Email: inf

Email: info@pensionpractitioner.com

## Trustees

Hustees	
Trustee 1 Title (Mr. Miss, Mrs) MK	Forename(s) NICCL
SUMAME ALBERRY.	Porename(s) N18CL Date of Birth 18.8.64. National Insurance Number 14.4.93, 20.25
Proposed Retirement Date (0,	National Insurance Number NB 99, 379 A.
Home Address (O WINCHESTER	WAY.
3CAWS 154	
Donckster.	
JNS. 8LW.	
Is this Trustee also a Member?	VYes □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 or Magel Albing	
Date 16.9.16	