

SSAS Set up questionnaire

Telephone: 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

TBA.

Contact Name

Telephone Number

Email Address

Address

Financial Advisor Details

Name of the Company

N/A.

Contact Name



Telephone Number

Email Address

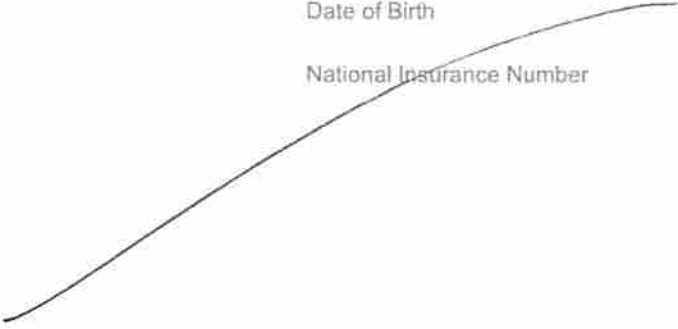
Address

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) **BARRY**
Surname **FRISBY** Date of Birth **23.11.55.**
Proposed Retirement Date **70.** National Insurance Number **YX474387A**
Home Address **95 TUCKERS RD
Loughborough. Leicestershire.
LE11. 2PU.**
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 **J. Frisby**

Date **10.6.16.**