

SSAS Takeover questionnaireTelephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com

Name of Scheme

Name of Company/
Employer creating the SchemeServing Address for
Pension Correspondence

Telephone Number

Contact Name

Email Address

HMRC and The Pensions RegulatorHMRC Pension Scheme
Tax Reference (PSTR)

Government Gateway User ID

Password

The Pensions Regulator
Scheme Reference (PSR)

Scheme Key

Accountant Details

Name of the Company

Contact Name

Telephone Number

Email Address

Address

2 SSAS Takeover questionnaireTelephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com**Financial Advisor Details**Name of the Company

Contact Name

Telephone Number

Email Address

Address

Current Administrator / Professional Trustee Details (outgoing trustee)Name of the Company

Contact Name

Telephone Number

Email Address

Address

Continuing Trustees**Trustee 1** 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

3 SSAS Takeover questionnaireTelephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com**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**Trustee 3** 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**Trustee 4** 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

4 SSAS Takeover questionnaireTelephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com**Trustee 5** 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**Trustee 6** 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**When returning this form we require the following:**

- A copy of the original Trust Deed and Rules and all subsequent amendment Deeds.
- Most recent scheme accounts

Please return this form to:
info@pensionpractitioner.comAlternatively, post this form to:
Pension Practitioner .Com
Daws House
33-35 Daws Lane
London
NW7 4SD

Signed

Signed

Name

Name

Date

Date