

**SSAS Takeover questionnaire**

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

Name of Scheme ROSALIND ALTMANN LIMITED  
Name of Company/  
Employer creating the Scheme ROSALIND ALTMANN  
Serving Address for  
Pension Correspondence 9 FAIRHOLME CLOSE  
LONDON  
ENGLAND  
N3 3EE  
Telephone Number 07799404747  
Contact Name ROSALIND ALTMANN  
Email Address ROS@ROSALTMANN.COM

**HMRC and The Pensions Regulator**

HMRC 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 questionnaire**

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**Financial Advisor Details**

Name of the Company TAG WEALTH MANAGEMENT  
Contact Name DAVID THOMPSON  
Telephone Number 0114 263 0888  
Email Address INFO@TAG-UK.COM  
Address RIVERDALE, 89 GRAHAM ROAD  
SHEFFIELD  
S10 3GP

**Current Administrator / Professional Trustee Details (outgoing trustee)**

Name of the Company  
Contact Name  
Telephone Number  
Email Address  
Address

**Continuing Trustees**

<b>Trustee 1</b> Title (Mr, Miss, Mrs)	DR	Forename(s)	ROSALIND MIRIAM
Surname	ALTMANN	Date of Birth	08/04/1956
Proposed Retirement Date		National Insurance Number	WA-14-45-40-C
Home Address	9 FAIRHOLME CLOSE LONDON ENGLAND N3 3EE		

Is this Trustee also a Member?

☐ Yes ☐ No

**3 SSAS Takeover questionnaire**

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**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) MR

Forename(s) PAUL MICHAEL

Surname RICHER

Date of Birth 15/04/1952

Proposed Retirement Date

National Insurance Number

Home Address 9 FAIRHOLME CLOSE  
LONDON  
ENGLAND  
N3 3EE

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

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**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.com](mailto:info@pensionpractitioner.com)

Alternatively, post this form to:

Pension Practitioner .Com

Daws House

33-35 Daws Lane

London

NW7 4SD

Signed

Signed

Name

Name

Date

Date