

Small Self-Administered Scheme (SSAS) Takeover Questionnaire

Please complete this questionnaire as fully as possible. The information supplied will be held in the strictest confidence and subject to the provisions of the Data Protection Act.

Scheme Information

Scheme Name

Matlock Ford Directors Pension Scheme

Pension Scheme Reference Number (PSTR) Issued by HMRC

008040722A

The Pensions Regulator's PSR Number (if applicable)

Information Commissioners Office Registration Number

Is the scheme registered for VAT? Please Provide VAT Reg No.

Existing Scheme Administrator

Who is the current scheme administrator?

Scheme Administrator

Whitehall Group

Correspondence Address

Warth Business Centre
Warth Road
Bury
BL9 9TB

Telephone Number

0161 408 4569

Trust Deeds

Please provide details of all trust deeds below along with copies or originals of each document.

Trust Deed	Dated

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Are all HMRC Scheme Returns completed and up to date? Yes / No

Are there any pension sharing or earmarking orders in existence with this scheme? Yes / No

Are there any professional reasons as to why we should not accept the appointment? Yes / No

Sponsoring Employer Information

Employer's Name	RF Green Ltd trading as Matlock Ford
Employer's Registered Address	31-33 Causeway Lane
	Matlock
	Derbyshire
	DE4 3AR
Employer's Registered No.	02459534
Company Year End	
Telephone Number	01629 582231
	Fax No.:
Email Address	
Contact Name	

Is this the correct address for correspondence? If not, please advise where you would like correspondence to be issued below:

Correspondence Address

Is the Sponsoring Employer:
carrying on a trade in the UK? Yes / No

Is the Sponsoring Employer:
 resident in the UK for tax purposes? ☒ Yes / No

 Does the Sponsoring Employer:
 have any employees* ☒ Yes / No

*an employee is defined for these purposes as an individual employed by the sponsoring employer named above and taxed on a PAYE basis.

Scheme Member Information

Please complete a separate sheet for each member of the scheme.

If you need more space please attach an extra sheet.

Title (Mr/Mrs/Miss/Ms/Dr)	MRS	
Surname	GREEN	
Forename(s)	JACQUELINE	
Home Address	19 SANDYGATE PARK ROAD	
	SHEFFIELD	
Post Code	S10 5TX	
Years at this address		
Date of Birth	28/1/1940	National Insurance No.: ZS495788C
Spouse's Name	ROWLAND GREEN	Spouse's Date of Birth: 01/01/1934

Contributions

Does this member make any contributions to the SSAS?

Employer Contributions (gross)

Are these regular or a single contribution?

If regular, what frequency?

<input checked="" type="radio"/> Yes	/	No
Regular	/	Single
Yearly	/	Monthly
Quarterly	/	Other

Member Contributions (net)

Are these regular or a single contribution?

If regular, what frequency?

Yes	/	<input checked="" type="radio"/> No
Regular	/	Single
Yearly	/	Monthly
Quarterly	/	Other

Scheme Member Information

Please complete a separate sheet for each member of the scheme.

If you need more space please attach an extra sheet.

Title (Mr/Mrs/Miss/Ms/Dr)	MR	
Surname	GREEN	
Forename(s)	JOHN ROWLAND	
Home Address	YEW TREE COTTAGE	
	BIGGIN	
	BUXTON	
Post Code	SK17 0DH	
Years at this address		
Date of Birth	22/02/1960	National Insurance No.:
Spouse's Name		Spouse's Date of Birth:

Contributions

Does this member make any contributions to the SSAS?

Employer Contributions (gross)

Are these regular or a single contribution?

If regular, what frequency?

Yes	/	No
Regular	/	Single
Yearly	/	Monthly
Quarterly	/	Other

Member Contributions (net)

Are these regular or a single contribution?

If regular, what frequency?

Yes	/	No
Regular	/	Single
Yearly	/	Monthly
Quarterly	/	Other

*If you wish to make member contributions, you should be aware that tax relief must be obtained by relief at source (RAS) and registering the scheme for RAS and any subsequent tax reclaims will be charged on a time-costed basis.

Scheme Member Information

Please complete a separate sheet for each member of the scheme.

If you need more space please attach an extra sheet.

Title (Mr/Mrs/Miss/Ms/Dr)	MR	
Surname	GREEN	
Forename(s)	ANDREW JAMES	
Home Address	11 STORTH LANE	
	SHEFFIELD	
Post Code	S10 3HN	
Years at this address		
Date of Birth	24/10/1963	National Insurance No.:
Spouse's Name		Spouse's Date of Birth:

Contributions

Does this member make any contributions to the SSAS?

Employer Contributions (gross)

Are these regular or a single contribution?

If regular, what frequency?

Yes	/	No
Regular	/	Single
Yearly	/	Monthly
Quarterly	/	Other

Member Contributions (net)

Are these regular or a single contribution?

If regular, what frequency?

Yes	/	No
Regular	/	Single
Yearly	/	Monthly
Quarterly	/	Other

*If you wish to make member contributions, you should be aware that tax relief must be obtained by relief at source (RAS) and registering the scheme for RAS and any subsequent tax reclaims will be charged on a time-costed basis.

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Contribution & Transfer History

Please detail all contributions and transfers made to the scheme for the above member.

Date	Contribution or Transfer?	Source e.g. Ceding Scheme, employer or employee.	Amount

Should you need more space please provide details on a separate sheet.

Benefit Crystallisation

Has this member crystallised any benefits within this pension scheme? (if so please complete details on page 7) Yes / No

Scheme Assets

Please provide details of the assets currently held within the scheme including any bank accounts, mortgages, unitised investments and share holdings.

Asset Type	Description	Policy/Account Numbers	Approx Value
OLD MUTUAL POLICY	COLLECTIVE INVESTMENT ACCOUNT	100350490	£528 695.62
BANK ACCOUNT	RBS DEPOSIT SERVICE ACCOUNT	12952244	£32 066.62

AS AT
AUG '14

Loanbacks

Please provide the following information where the scheme has granted a loanback to the sponsoring employer. Please also provide copies of any loan agreements, legal charge documentation and repayment schedules.

Date Loan Advanced	Amount	Term	Interest Rate	Security (if a post A-Day loan)

Are the loan repayments up to date? Yes / No

If the loan repayments are not up to date please provide reasons why, along with details of any arrangements being made to bring the arrears up to date.

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Property

Where the scheme owns commercial property, please provide the following information along with any copies of leases, Land Registry documents and independent valuations.

Property Address:									
Date Purchased	Purchase Price	Current Value	Last Valued on?	Purchased from Connected Party? Y/N	Tenant	Annual Retent	Lease Start Date	Lease Expiry	Rent Review Due
						Subject to VAT? Y/N			

Property Address:									
Date Purchased	Purchase Price	Current Value	Last Valued on?	Purchased from Connected Party? Y/N	Tenant	Annual Retent	Lease Start Date	Lease Expiry	Rent Review Due
						Subject to VAT? Y/N			

Are the rental payments up to date? Yes / No

If rental payments are not up to date please provide reasons why, along with details of any arrangements being made to bring the arrears up to date.

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Benefit Crystallisation

Where any members have crystallised benefit within the pension scheme please provide the following information.

Member	PCLS Taken? Y/N	Date	% of LTA Used	Maximum GAD	Currently Withdrawing	Last GAD Review	Next GAD Review Date
Jacqueline Green	Yes 47589.59	26/01/15	15.21%	15616.64	£0.00	26/1/15	

Who is currently responsible for processing the member's PAYE?

Whitehall

Member Share of Fund

Please provide details of the last known member share of fund.

Member	Valuation Date	Fund Value

Scheme Accountant

Accountant Name	
Accountant Address	
Telephone Number	Fax No.:
Email Address	
Contact Name	

Scheme Independent Financial Adviser

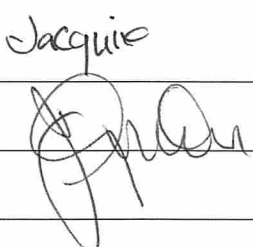
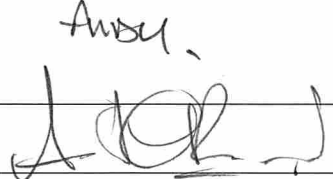
IFA Name	TAG Wealth Management	
IFA Address	Riverdale 89 Graham Road Sheffield S10 3PG	
Telephone Number	0114 263 0888	Fax No.: 0114 230 7022
Email Address	info@tag.uk.com	
Contact Name	David Thompson or Peter Best	

Please enclose the following with this Questionnaire

- All Trust Deeds relating to the Scheme.
- All Loanback documentation where applicable.
- All Property documentation where applicable.
- Copies of the Announcement letters to the members of the scheme.

I/We confirm the information provided in this document is true and accurate to the best of my/our knowledge. We understand PensionPractitioner .Com will use this information to provide

professional trustee services and scheme administration and will not be responsible for any inaccurate information provided by this document.

Signature		
Name		
Position		
Date		

Please complete this form and return along with supporting documentation to the following address:

PensionPractitioner .Com
Daws House
33-35 Daws Lane
London
NW7 4SD