

SSAS Takeover questionnaire

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

Name of Scheme **MY Investment Properties SSAS**
Name of Company/
Employer creating the Scheme **MY Investment Properties Ltd**
Serving Address for
Pension Correspondence **43 Lambrell Green**
Kiveton Park
Sheffield
S26 5NT
Telephone Number **07908 575787**
Contact Name **Matthew Yates**
Email Address **matt.yates@myinvestmentproperties.co.uk**

HMRC and The Pensions Regulator

HMRC Pension Scheme
Tax Reference (PSTR) **00830870RV**
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

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Financial Advisor Details

Name of the Company **JAN Investment Marketing**
Contact Name **Adam Holmes**
Telephone Number
Email Address
Address

Current Administrator / Professional Trustee Details (outgoing trustee)

Name of the Company **Empowered Pensions Ltd**
Contact Name **Janice Farmer**
Telephone Number **01959 585002**
Email Address **janice@empoweredpensions.co.uk**
Address **168 Church Road, Hove,
East Sussex, BN3 2DL**

Continuing Trustees

Trustee 1 Title (Mr, Miss, Mrs) **Mr** Forename(s) **Matthew**
Surname **Yates** Date of Birth **19/10/79**
Proposed Retirement Date **2040** National Insurance Number **JS077851D**
Home Address **43 Lambrell Green
Kiveton Park.
Sheffield S26 5NT**

Is this Trustee also a Member?

☒ Yes ☐ No

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Trustee 2 Title (Mr, Miss, Mrs) Mr

Forename(s) Robert James

Surname Smith

Date of Birth 11/6/79

Proposed Retirement Date 2040

National Insurance Number JS 597 692 A

Home Address 43 Lambrell Green
Kiveton Park.
Sheffield S26 5NT

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

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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

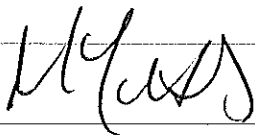
When returning this form we require the following:

- 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

Alternatively, post this form to:
Pension Practitioner .Com
Daws House
33-35 Daws Lane
London
NW7 4SD

Signed



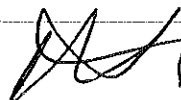
Name

MATTHEW YATES

Date

3/10/17

Signed



Name

ROBERT SMITH

Date

9-10-17