

2 SSAS Set up questionnaire

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

Trustees

Trustee 1 Title (Mr, Miss, Mrs) MRS. Forename(s) JANE Laise
Surname ANDERSON Date of Birth 3.11.66.
Proposed Retirement Date 60 National Insurance Number NE 412670A.
Home Address 23 BAILEY AVE.
ELLCSMERE PORT
CHBS. 3BH.
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 & ✓ MRS J I Anderson.
Date 25.5.16.

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Name of Scheme

P. Brown.

Name of Company/
Employer creating the Scheme

Serving Address for
Pension Correspondence

Telephone Number

Contact Name

Email Address

Accountant Details

Name of the Company

Contact Name

Telephone Number

Email Address

Address

Financial Advisor Details

Name of the Company

Contact Name

Telephone Number

Email Address

Address