

SSAS Set up questionnaire	Telephone: 0800 634 4862 Fax: 020 8711 2522	Email: info@pensionpractitioner.com
Name of Scheme		
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		

## **Financial Advisor Details**

**Email Address** 

Address

Name of the Company	
Contact Name	
Telephone Number	
Email Address	
Address	



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Trustee 1 Title (Mr, Miss, Mrs) MR	Forename(s) MARK TOSEPIT			
Surname WHETTON	Date of Birth 18 04 1967			
Proposed Retirement Date 65	National Insurance Number WPZ(11800			
Home Address 29 Purls	EIGH Close			
	× 585EX			
	SSI3 IRT			
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?	□Voo □No			
the fractional and a member:	Yes No			
ease return this form to:				
o@pensionpractitioner.com				
ternatively, post this form to:				
aws House				
-35 Daws Lane ndon NW7 4SD				
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Signed				
Date				