

SSAS Set up questionnaire

elephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpract

Name of Scheme	PETER	PICKEM	NG P	ENSION	Scheme
Name of Company/ Employer creating th	ne Scheme	MARUST	IN19 L	TD.	
Serving Address for Pension Correspond		A DECEMBER	Ada		
29 1	URLEIGI-	CLOSE	-184	SILDON	
5	SSEX	5513 1	RJ		
Telephone Number					
Contact Name	LORAPINE	- LAWS	on		
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	



2 SSAS Set up questionnaire

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Trustee 1 Title (Mr, Miss, Mrs)	MRS	Forename(s) LORRAINE ANN
Surname LAWSON	J	Date of Birth 20 105 1 959.
	65	National insurance Number WE 65 5626C
Home Address 29	PURLE	15H Close
	BAS	1LOON
		ESSEX SSIBIRT
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:		
nfo@pensionpractitioner.com		
Alternatively, post this form to: Pension Practitioner .Com		
Daws House 33-35 Daws Lane		
London NW7 4SD		
Signed	je.	
Date	21/7	15