

SSAS Takeover questionnaire

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

Name of Scheme Prima Services Ltd Pension Plan
 Name of Company/
 Employer creating the Scheme Prima Services Group Ltd (formerly Prime Services Ltd)
 Serving Address for
 Pension Correspondence Hill House Cottage
Misbrooks Green Road, Beare Green
Dorking, Surrey RH5 4QQ
 Telephone Number 01306-711-244 / 07557-404727
 Contact Name Don Clarke
 Email Address don@dongroup.co.uk

HMRC and The Pensions Regulator

PSTR Number
 (Pension Scheme Tax Reference) 00408127RX
 Government Gateway User ID
 Password
 PSR Number
 (Pension Scheme Reference)
 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

Contact Name

Telephone Number

Email Address

Address

Current Administrator / Professional Trustee Details (Outgoing Trustee)

Name of the Company

City Trustees

Contact Name

Bella Chorera

Telephone Number

0116 - 240 - 8730

Email Address

bella.chorera@citytrustees.co.uk

Address

MW House, 1 Penman Way,
Grove Park, Enderby, Leics
LE19 1SY

Continuing Trustees

Trustee 1 Title (Mr, Miss, Mrs)

Mr

Forename(s)

Don

Surname

Clarke

Date of Birth

26-05-56

Proposed Retirement Date

National Insurance Number

WK005210B

Home Address

Hill House Cottage, Misbrooks Green
Road, Beare Green, Dorking
RH5 4QQ

Is this Trustee also a Member?

☒ Yes ☐ No

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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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	


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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 	Signed
Name D. CLARKE	Name
Date 25-2-13	Date