

EARL MICHELLE,



PLEASE SEE THE TAKEOVER FORM
ENCLOSED FOR TBCBM PENSION FUND. CARLTON JAMES


Charles Adam

SSAS Takeover questionnaire

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

Name of Scheme **TBGBM PENSION FUND.**

Name of Company/
Employer creating the Scheme **TBGBM LTD.**

Serving Address for
Pension Correspondence **2 THE Firs
KEMBLE
CIRENCESTER GL7 6AZ.**

Telephone Number **07747 808 659.**

Contact Name **MANDIE CRAN**

Email Address **mandie@thebuzzgroupplc.co.uk.**

HMRC and The Pensions Regulator

HMRC Pension Scheme
Tax Reference (PSTR)

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

2 SSAS Takeover questionnaire

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Financial Advisor Details

Name of the Company JAN INVESTMENT MARKETING
Contact Name
Telephone Number 01793 611126
Email Address
Address 105 Victoria Road
Swindon SN1 3BD.

Current Administrator / Professional Trustee Details (Outgoing Trustee)

Name of the Company BEFORE PENSION SERVICES LIMITED
Contact Name
Telephone Number
Email Address
Address DAW'S HOUSE
33-35 DAW'S LANE
LONDON NW7 4SD.

Continuing Trustees

Trustee 1 Title (Mr, Miss, Mrs)	MRS	Forename(s)	AMANDA
Surname	CRAN	Date of Birth	4/5/1963
Proposed Retirement Date	4/5/2033	National Insurance Number	NB 00 29 36 C
Home Address	2 THE ARES Kensale Cirencester GL7 6AZ		
Is this Trustee also a Member?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

3 SSAS Takeover questionnaireTelephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com**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?

☐ 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

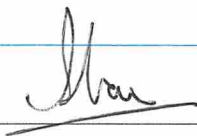
When returning this form we require the following:

- 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

Date

Signed

Name

Date