

2 SSAS Set up questionnaire

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

Trustees

Trustee 1 Title (Mr, Miss, Mrs)

Forename(s) **MARN**

Surname **GILCHRIST**

Date of Birth **WLO4 9473 A 14.04.60**

Proposed Retirement Date

**TAX FREE WHP SW
AGRESS PENSION**

National Insurance Number **V**

Home Address

59 COLINDALE DRIVE

PAISLEY

PA2 6QS

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

M. Gilchrist

Date

12/9/14

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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

Email Address

Address

Financial Advisor Details

Name of the Company

Contact Name

Telephone Number

Email Address

Address