

Pension Scheme Application

Existing Scheme Information

Please input your company information, this will be submitted to HMRC to approve set up of your SSAS.

| | |
|-----------------------------------|---|
| Name of Scheme | : TGS Retirement Scheme |
| Name of Principal Employer | : Touchstone Geological Services Ltd. |
| Servicing/Correspondence Address | : 45 Station Road Royal Wootton Bassett SN4 7ED. |
| Telephone Number | : 07276 238608 |
| Contact Name | : Eddie Bailey |
| Email Address | : eddie.bailey1892@gmail.com. |
| Corporate Tax Reference (UTR No.) | : 8588 425427 |
| VAT No. | : N/A |
| PAYE No. | : N/A |

Accountant Information (if applicable)

| | | |
|------------------------|---|--|
| Name of Company | : | |
| Contact Name | : | |
| Correspondence Address | : | |
| Telephone Number | : | |
| Email Address | : | |

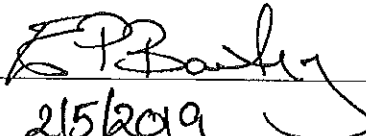
Add an Additional Trustee/Member

Trustee Information

| | | |
|---------------|---|----------------------|
| Title | : | <input type="text"/> |
| Forename(s) | : | <input type="text"/> |
| Surname | : | <input type="text"/> |
| Date of Birth | : | <input type="text"/> |
| N.I Number | : | <input type="text"/> |
| Address | : | <input type="text"/> |

Declaration:

I/we request that Pension Practitioner provide the necessary documentation to appoint me/we as a Trustee(s) of the Scheme and provide members details of my/our membership. We accept that Pension Practitioner may charge for this and any other work associated with Trustee Appointment, in line with their terms and conditions and fee schedule.

| | |
|-------------|---|
| Signature : |  |
| Date : | 21/5/2019 |

Nomination of Beneficiary

Nomination of beneficiary form

Scheme Name (hereinafter referred to as the scheme):

TGS Retirement Scheme,

| | |
|---------------|----------------|
| Member Name: | Date of birth: |
| EDWARD BAILEY | 12/3/1965 |

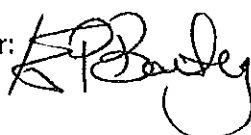
In the event of my death, I, the member of the scheme in trust, request that the funds should be paid to (please refer to the notes below):

| | |
|--------------|---|
| Name | : BENJAMIN JAYNE BAILEY. |
| Address | : 45 Station Road, Royal Wootton Bassett 804 7AD. |
| Allocation % | : 100 |
| Name | : |
| Address | : |
| Allocation % | : |
| Name | : |
| Address | : |
| Allocation % | : |
| Name | : |
| Address | : |
| Allocation % | : |

Declaration

I confirm that:

- i) - this supersedes all previous beneficiary nominations; and
- ii) - I may revoke this request at any time by submitting a new form to the scheme Administrator

Signature of Member:  Date: 2/5/2019

Notes:

The member's estate cannot be nominated.

If the member does not complete a nomination form the death benefit would be payable to (or may be applied for the benefit of) such one or more of the member's dependents or named class as the nominated trustee decides, acting in accordance with the governing Trust Deed and Rules.