



Small Self-Administered Scheme

SSAS Scheme Application Form

- Establishment of New Small Self Administered Scheme
- Form to be completed and signed by Principal Employer
- Form to be completed and signed by Member Trustees
- This document, together with the governing Trust Deed, Rules and the Fee Schedule forms a legally binding agreement.

Your completed form should be returned to:

Cranfords, 1 The Pavilions, Cranford Drive, Knutsford, Cheshire, WA16 8ZR

www.cranfords.biz

admin@cranfords.biz

AMPS
ASSOCIATION OF
MEMBER-DIRECTED
PENSION SCHEMES



Cranfords is the trading style of the company registered under the number of 3110950 at 1 The Pavilions, Cranford Drive, Knutsford Business Park, Knutsford, Cheshire WA16 8ZR and name of 3110950 Limited.

Scheme Details

SSAS Scheme Name			
Contact Name			
Contact Address			
Telephone		Number of Members	
		Normal Retirement Age	

Principal Employer Details

Company Name	Good GBA Pension Schemes Ltd		
Contact Name	GLENN BROOKS		
Registered Office Address	29 SMITH ACCOUNTANTS LTD		
	Orwell House 50 High St	Hungerford RG17 0NE	
Telephone	01488 689030		
Email	info@ljsa.co.uk		
Company Reg No.	3689012	Employer Status	
Trading Year End	DECEMBER	Nature of Business	DEVELOPE AN BUILD IND UNITS

Company identity documentation required

Confirmation of Verification of Identity for Corporate and other Non-Personal Entity by your Financial Adviser

Or

Copy of Certificate of Incorporation

Data Protection Act

We understand and agree that:

Information about our SSAS will be held by 3110950 Limited for business analysis, fraud prevention and to keep accurate and up to date records.

Under the Data Protection Act, we can ask to see copy of the personal information held about us by writing to 3110950 Limited. We understand that this will involve payment of a fee.

Where we act as Data Controllers, we will register under the terms of the Data Protection Act.

Information will be held after you no longer act for us. Any information will be held in the strictest confidence and is subject of the provisions of Data Protection legislation.

It is a serious offence to make false statements.

Member Details (Please complete separate sheets for each Member)

Title	MR		
Forename(s)	GLENN		
Surname	BROOKS		
Residential Address	2 ORCHID CLOVE, SWINDON		
	WILTSHIRE	SN2S 3ST	
Gender	MALE	Contact Number	07714 293140
Date of Birth	16/08/1956		
NI Number	YY911879C		
Employment Status	SELF-EMPLOYED		
Resident Country	ENGLAND		
Nationality	BRITISH		
Marital Status	MARRIED		
Spouse Date of Birth			

i.e. employed, self-employed, unemployed, retired etc

Employer	GB CONTRACTS Ltd.		
Are you a Director?	<input checked="" type="radio"/> Yes	/	No
Are you a shareholder?	<input checked="" type="radio"/> Yes	/	No
Are your benefits subject to a pension sharing order?	Yes	/	<input checked="" type="radio"/> No
	Please provide relevant documentary evidence		
Are your benefits subject to protection?	Yes	/	<input checked="" type="radio"/> No
	Please provide a copy of the HMRC certificate		
Are you in receipt of retirement benefits?	Yes	/	<input checked="" type="radio"/> No
	Please provide relevant documentary evidence		

Transfer Details

Member Name

Scheme name

Policy / Member No

Provider Name

Provider Address

Provider Telephone

Scheme Type

Occupational ,Personal etc

Estimated Transfer Value

Is the transfer in-specie?

Yes / No

Details of in-specie assets

Are you taking benefits
from this arrangement?

Yes / No

If YES, please provide the following information

Date PCLS taken

PCLS Amount

5 LTA used

Maximum Pension

Actual Pension in payment

Frequency of pension payment

Next Review Date

For additional transfers/members please copy this page and attach to the SSAS Application form.

Where a member wants to make contributions to the scheme please complete a Contribution Application Form.

6014205

Beneficiary Nomination for Death Benefits

Member Name	
Beneficiary 1 Name	
Beneficiary 1 Address	
Relationship to member	
% Share	
<hr/>	
Member Name	
Beneficiary 2 Name	
Beneficiary 2 Address	
Relationship to member	
% Share	
<hr/>	
Member Name	
Beneficiary 3 Name	
Beneficiary 3 Address	
Relationship to member	
% Share	

You can change your nomination at any time by completing a new Nomination of Beneficiary Form.
Please use additional sheets if you wish to appoint more than three beneficiaries.

The Trustees will consider your wishes but shall not necessarily be bound by them. If you do not complete this section the Trustees will exercise their full discretion as to whom your benefits should be paid.

For additional Members, please copy this page and attach to the SSAS application form.

Appointment of Financial Adviser

Company Name	SEQUENCE FM		
Company FCA Ref No	528196		
Address	UNIT 2, THE PAVILIONS, CRANFORD DRIVE, KNUTSFORD BUSINESS PARK, KNUTSFORD, CHESHIRE WA16 8ZR		
Contact Name	ROBERT COLIN		
Contact Telephone	0845 643 2633		
Contact E-mail	frontdesk@sequence.fm.co.uk		
Adviser Name	ROBERT COLIN		
Adviser FCA IRN	RECO1081		
Adviser Fees - Initial	£ X	OR	%
Adviser Fees - Renewal	£ X	OR	%

Fund Investments

Please provide details of the proposed investments of the fund

Cash Deposits	
Investment Managers, Stockbrokers Fund Platforms	
Directly held funds	
Property	
Loans	
Unquoted Shares	
Other	

Transfers

I/We authorise my previous company scheme provider, or any insurer or other pension provider and HMRC to disclose to 3110950 Ltd t/a Cranfords any details they request about the benefits provided for me/us.

I/We understand that, in the case of a transfer of a pension arrangement which is paying retirement benefits in the form of income drawdown, the Scheme must continue to apply the same maximum income, the same income year and same review dates that applied under the transferring scheme.

I/We hereby request and consent to the payment of the transfer value(s) from my/our previous scheme/arrangement(s) to the Scheme. I/We understand that the transfer may only be applied to pay benefits at the time I/we take my/our retirement or on my/our death. I/we agree and consent to Cranfords providing the transferring scheme provider with details of the SSAS when requested to facilitate the transfer.

Request for transfer

I authorise and instruct you to transfer funds from the plan as listed in this form directly to the receiving scheme in the form of

1. A cash payment made by cheque, or such other method agreed with Cranfords or
2. An in specie transfer of assets held on my behalf (after deduction of any outstanding liabilities or charges). Where appropriate Cranfords will advise details of the nominee/parties to whom assets must be transferred. I understand that the existing investment manager or administrator of the transferring scheme is responsible for collecting dividends and tax reclaims, and realising all rights and entitlements in respect of the assets transferred and for passing them to the receiving scheme.

Where you have asked me to give you original policy documents in return for the transfer of funds and I am unable to do so, I promise to accept responsibility for any claims, losses and expenses of any nature which you may incur as a result of having made the transfer listed in this form.

I authorise you to release all necessary information to Cranfords to enable the transfer of funds to the receiving scheme. I agree that a copy of this authority should have the validity of the original.

I authorise you to obtain and release to the financial adviser any additional information that may be required to enable the transfer of funds.

If an employer is paying contributions to any plans as listed in this form, I authorise you to release to that employer any relevant information in connection with the transfer of funds from the relevant plan.

Until this application is accepted and complete, the receiving scheme administrator's responsibility is limited to the return of the total payment to the current plan.

Where the payment made to receiving scheme represents all of the funds under the plan listed in this form, then payment made as requested will discharge the current provider of all claims and responsibilities in respect of the plan listed.

Where the payment made to the receiving scheme represents part of the funds under the plan listed in this form, then the current provider will be discharged of all claims and responsibilities only in respect of the part of the plan represented by the payment.

I promise to accept responsibility in respect of any claims, losses and expenses that Cranfords and the current provider may incur as a result of any incorrect information provided by me in this application or any failure on my part to comply with any aspect of this application.

I apply to the scheme administrator of the receiving scheme to accept the transfer from the transferring scheme and to pay it into my SSAS. I confirm that the information provided relevant to my application to transfer benefits into my SSAS is correct and complete, to the best of my knowledge and belief.

I confirm that any adviser charges must be paid in accordance with the adviser charges option selected previously.

I confirm that I have not received any advice or recommendation in relation to the transfer from a representative of Cranfords.

I/We agree to act as Trustee and accept the duties and responsibilities of Trustee as set out in the Trust Deed and Rules.

Member Trustee Name

GLENN BROOKS

Signature

X

Glenn Brooks

Date

13/02/2015

