

SSAS Takeover questionnaire

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

Name of Scheme NORTHERN BUS RETIREMENT BENEFIT SCHEME
Name of Company/
Employer creating the Scheme MAS SPECIAL ENGINEERING LIMITED
Serving Address for
Pension Correspondence NORTHERN GARAGE
HOUGHTON ROAD
NORTH ANSTON TRADING ESTATE
SHEFFIELD S25 4JJ
Telephone Number 01909 550480
Contact Name Carol Strafford
Email Address Carol.morton.brightbus@live.co.uk

HMRC and The Pensions Regulator

HMRC Pension Scheme
Tax Reference (PSTR) 004037212Q
Government Gateway User ID
Password
The Pensions Regulator
Scheme Reference (PSR) 10221846
Scheme Key

Accountant Details

Name of the Company DAVIS & CO CHARTERED ACCOUNTANTS
Contact Name PAUL DAVIS
Telephone Number 0114 2662244
Email Address
Address THE LODGE 101 CLARKHOUSE ROAD
SHEFFIELD S10 2LN

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Financial Advisor Details

Name of the Company TAG WEALTH MANAGEMENT
Contact Name DAVID THOMPSON
Telephone Number 0114 263 0888
Email Address info@tag-uk.com
Address RIVERDALE
89 GRAHAM ROAD
SHEFFIELD S10 3GP

Current Administrator / Professional Trustee Details (Outgoing Trustee)

Name of the Company
Contact Name
Telephone Number
Email Address
Address

Continuing Trustees

Trustee 1 Title (Mr, Miss, Mrs)	Forename(s) MICHAEL ALAN
Surname STRAFFORD	Date of Birth 29/7/1961
Proposed Retirement Date	National Insurance Number WL371710A
Home Address ROUND WOOD HOUSE 30c WORKSOP ROAD THORPE SAWIN WORKSOP S80 3JU	
Is this Trustee also a Member?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Trustee 2 Title (Mr, Miss, Mrs) _____

Forename(s) _____

Surname MAS SPECIAL ENGINEERING LTD Date of Birth _____

Proposed Retirement Date _____

National Insurance Number _____

Home Address

NORTHERN GARAGE
HOUGHTON ROAD
NORTH ANSTON TRADING ESTATE
SHEFFIELD S25 4JJ

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



Signed

Name

MICHAEL STRAFFORD

Name

Date

26/5/15

Date