



Small Self-Administered Scheme

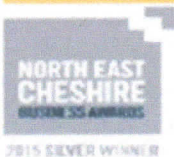
SSAS Scheme Application Form

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

Your completed form should be returned to:
Cranfords, 48 Chorley New Road, Bolton, BL1 4AP
www.cranfords.biz
admin@cranfords.biz



T: 0844 410 0037 **E:** admin@cranfords.biz **W:** www.cranfords.biz



Cranfords is the trading style of 3110950 Ltd.(No. 3110950).
Cranfords is registered in England at 48 Chorley New Road, Bolton, BL1 4AP.

Version 3: Oct 2017

Scheme Details

SSAS Scheme Name	WOODVILLE CONSULTANTS SSAS		
Contact Name	PETER LECCE		
Contact Address	28 VICTORY BOULEVARD, LYTHAM		
	LANCS	FY8 5TH	
Telephone	07713561403/01253/461918	Number of Members	2
		Normal Retirement Age	65

Principal Employer Details

Company Name	WOODVILLE CONSULTANTS LTD.		
Contact Name	PETER LECCE		
Registered Office Address	80 LYTHAM ROAD		
	FULWOOD, PRESTON, LANCs	PR2 3AQ	
Telephone	01253 - 461918 - 07713561403		
Email	PETELECCE@GOOGLEMAIL.COM		
Company Reg No.	08093201	Nature of Business	PRIVATE LTD.G. -Consuagancy
No. Staff Employed	TWO	PAYE Ref No.	120 /RA88147
VAT Registration No.	N/A.	Corporation/Partnership Tax Ref	825/71020 /02655

Appointment of Financial Adviser

Company Name		Company FCA Ref No	
Address			
Contact Name		Contact Telephone	
Contact E-mail			
Adviser Name		Adviser FCA IRN	
Adviser Fees - Initial	£	OR	%
Adviser Fees - Renewal	£	OR	%

Member Details

Title	MR	Forename(s)	PETER JAMES	Surname	LEECE
Address	28 VICTORY BOULEVARD, LYTHAM, LANCs, FY8 5TH				
Gender	M	Date of Birth	17-09-1974	Nl. No.	JB 35 58 70 C
Contact No.	07713561403		E-mail Address	PETE.LEECE@GOGLEMAIL.COM	
Resident Country	UK		Employment Status	EMPLOYED	
Nationality	BRITISH		Marital Status	MARRIED	
Employer	WOODVILLE CONSULTANTS LTD.				
Are you a Director?	<input checked="" type="radio"/> Yes / <input type="radio"/> No			Unique Tax Payer Reference	1222892706
Are you a shareholder ?	<input checked="" type="radio"/> Yes / <input type="radio"/> 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	

Member Details

Title	MRS	Forename(s)	MELANIE CLAIRE	Surname	LEECE
Address	28 VICTORY BOULEVARD, LYTHAM, LANCs, FY8 5TH.				
Gender	F	Date of Birth	6-3-1974	Nl. No.	JA 54 96 23 D
Contact No.	07845 032411		E-mail Address	MEL.LEECE@CMAIL.COM	
Resident Country	UK		Employment Status	EMPLOYED	
Nationality	BRITISH		Marital Status	MARRIED	
Employer	WOODVILLE CONSULTANTS LTD.				
Are you a Director?	Yes / <input checked="" type="radio"/> No			Unique Tax Payer Reference	1518439058
Are you a shareholder ?	<input checked="" type="radio"/> Yes / <input type="radio"/> 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	

For additional members please copy this page and attach to the SSAS Application Form.

Transfer Details (Please complete for each member / transfer)

Member Name	PETER JAMES LEGGE		
Scheme name	WRAP SIPP		
Policy / Member No	WP 1261662		
Provider Name	STANDARD LIFE	Provider Telephone	0800 0274675
Provider Address	DUNDAS HOUSE, 20 BRANDON STREET.		
	EDINBURGH EH3 5PP		
Estimated Transfer	£ 24,000	Is this the full value of your plan?	Yes / No
Pension Type	S.I.P.P.	Is the transfer in-specie?*	Yes / No

*If yes please provide details on a separate sheet

Have you already taken any form of benefits from your existing pension scheme: Yes / No

If yes, is your fund already entirely in drawdown ☐ OR partially in drawdown ☐

Unknown ☐ If unknown, please contact us or your Financial Advisor to discuss this further

Transfer Details (Please complete for each member / transfer)

Member Name	MELANIE CLAUDE LEGGE		
Scheme name	QROPS		
Policy / Member No	PM10004511		
Provider Name	QUARTERMAIN	Provider Telephone	
Provider Address	2A 128 WELLINGTON STREET, CENTRAL,		
	HONG KONG		
Estimated Transfer	£ 80,000	Is this the full value of your plan?	Yes / No
Pension Type	Q.R.O.P.S.	Is the transfer in-specie?*	Yes / No

*If yes please provide details on a separate sheet

Have you already taken any form of benefits from your existing pension scheme: Yes / No

If yes, is your fund already entirely in drawdown ☐ OR partially in drawdown ☐

Unknown ☐ If unknown, please contact us or your Financial Advisor to discuss this further

Transfer Details (Please complete for each member / transfer)

Member Name	<input type="text"/>		
Scheme name	<input type="text"/>		
Policy / Member No	<input type="text"/>		
Provider Name	<input type="text"/>	Provider Telephone	<input type="text"/>
Provider Address	<input type="text"/>		
	<input type="text"/>		
Estimated Transfer	£ <input type="text"/>	Is this the full value of your plan?	<input type="text"/> Yes / <input type="text"/> No
Pension Type	<input type="text"/>	Is the transfer in-specie?*	<input type="text"/> Yes / <input type="text"/> No

*If yes please provide details on a separate sheet

Have you already taken any form of benefits from your existing pension scheme: Yes / No

If yes, is your fund already entirely in drawdown ☐ OR partially in drawdown ☐

Unknown ☐ If unknown, please contact us or your Financial Advisor to discuss this further

Transfer Details (Please complete for each member / transfer)

Member Name	<input type="text"/>		
Scheme name	<input type="text"/>		
Policy / Member No	<input type="text"/>		
Provider Name	<input type="text"/>	Provider Telephone	<input type="text"/>
Provider Address	<input type="text"/>		
	<input type="text"/>		
Estimated Transfer	£ <input type="text"/>	Is this the full value of your plan?	<input type="text"/> Yes / <input type="text"/> No
Pension Type	<input type="text"/>	Is the transfer in-specie?*	<input type="text"/> Yes / <input type="text"/> No

*If yes please provide details on a separate sheet

Have you already taken any form of benefits from your existing pension scheme: Yes / No

If yes, is your fund already entirely in drawdown ☐ OR partially in drawdown ☐

Unknown ☐ If unknown, please contact us or your Financial Advisor to discuss this further

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

Contribution details

Full Name	<input type="text" value="TRANSFER"/>		
Date of Birth	<input type="text"/>	National Insurance Number	<input type="text"/>
Home Address	<input type="text"/>		
	<input type="text"/>		
Scheme Name	<input type="text"/>		

Protection

Do you have any form of HMRC Protection?

NO

<input type="checkbox"/>	/	<input type="checkbox"/>
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If you have any form of Protection, any contributions you make to this scheme may result in the loss of your Protection. Please seek Financial Advice if you require any further information.

Please provide a copy of the Protection certificate if applicable.

Source of Funds

Please confirm (tick one) how the contribution is to be funded

From earnings	<input type="checkbox"/>	Savings	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
Winnings	<input type="checkbox"/>	Capital Gain	<input type="checkbox"/>
Gift	<input type="checkbox"/>	Other (please specify below)	<input checked="" type="checkbox"/>

TRANSFER OF EXISTING PENSIONS

Eligibility

Occupation	COMPANY DIRECTOR.
Approximate Annual Earnings (£)	80,000

Please confirm **ONE** of the list below:

EMPLOYED (chargeable to income tax under Chapter 2 of Part 2 on the Income Tax (Earnings and Pensions Act) 2003).	<input checked="" type="checkbox"/>
PENSIONER (chargeable to income tax under Part 9 of the Income Tax (Earnings and Pension) Act 2003).	<input type="checkbox"/>
SELF-EMPLOYED (chargeable to tax under Chapter 2 of Part 2 of the Income Tax (Trading and Other Income) Act 2005).	<input type="checkbox"/>
CHILD (under the age of 16).	<input type="checkbox"/>
OTHER (any individual not falling into one of the categories above). (please also complete below)	<input type="checkbox"/>

If you have selected 'other' from the above list, please confirm (tick one) which of the below statements best applies to you at the relevant date:

Caring for one or more children under age 16	<input type="checkbox"/>
Caring for a person aged 16 or over	<input type="checkbox"/>
In full time education	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Other	<input type="checkbox"/>

Personal Contributions

Complete this section if you are making a contribution to your scheme, or it is being made by a third party other than your employer. Personal and third party contributions should be paid to your SSAS gross. If you are eligible, you can obtain tax relief as part of your self-assessment tax return.

Contribution Amount (Gross):-

Contribution Type:- Single ☐ Regular ☐

Frequency of regular contributions:- N/A ☐ Monthly ☐ Quarterly ☐ Annually ☐

Start date of regular contributions:- N/A ☐

Employer Contributions

This section should be completed where your employer will be making contributions to your scheme.

Company Name

Contact Name

Company Address

Email Address

Telephone No(s).

Contribution Amount (Gross):-

Contribution Type:-

Single

☐

Regular

☐

Frequency of regular contributions:-

N/A

☐

Monthly

☐

Quarterly

☐

Annually

☐

Start date of regular contributions:-

N/A

☐

Signatory Name

Position in Firm

Signature
of employer

Date

Identification Requirements

Company Registration No. 08093201

08093201

Please provide a copy of the Certificate of Incorporation, copy of most recent filed audited accounts and details of current company officers (i.e. details of current directors and company secretary) and shareholders.

SEE ATTACHED

This page is intentionally left blank

Standing Order Set Up (Please copy this page for any additional Standing Orders)

Your account details

Account Name

Sort Code

Account Number

Payment details

Amount of usual payment

Frequency of payment

Date of first payment

Date of last payment (please specify if no end date)

If the bank receives your form after the first payment date selected above, please tick the following box if you are happy for the bank to make an immediate payment on your behalf to satisfy your first Standing Order payment. ☐

Date of usual payment (if different to first payment)

Amount of first payment (if different to usual amount)

Beneficiary details (Cranfords to complete)

Sort Code

Account Number

Beneficiary Name

Reference (maximum of 18 characters)

Declaration

For and on behalf of

Authorised Signatory*

Authorised Signatory*

Name

Name

Date

Date

*If signing on behalf of a company account this must be in accordance with the Appointment of Bankers /mandate. Otherwise, company applications need to be signed by 2 directors, a director and a company secretary, or the director in the case of a company with a sole director, LLP applications by 2 members, partnership applications by all partners, and sole trader for applications by the sole trader.

Beneficiary Nomination for Death Benefits

Member Name	<input type="text" value="PETER JAMES LEGGE"/>	Beneficiary Name	<input type="text" value="MELANIE CLAIRE LEGGE"/>
Beneficiary Address	<input type="text" value="28 VICTORY BOULEVARD, LYTHAM, LANCs, FY8 5TH."/>		
<input type="text"/>			
Relationship to member	<input type="text" value="WIFE"/>	% Share	<input type="text" value="100"/>

Member Name	<input type="text" value="MELANIE CLAIRE LEGGE"/>	Beneficiary Name	<input type="text" value="PETER JAMES LEGGE"/>
Beneficiary Address	<input type="text" value="28 VICTORY BOULEVARD, LYTHAM, LANCs, FY8 5TH."/>		
<input type="text"/>			
Relationship to member	<input type="text" value="HUSBAND"/>	% Share	<input type="text" value="100"/>

Member Name	<input type="text"/>	Beneficiary Name	<input type="text"/>
Beneficiary Address	<input type="text"/>		
<input type="text"/>			
Relationship to member	<input type="text"/>	% Share	<input type="text"/>

Member Name	<input type="text"/>	Beneficiary Name	<input type="text"/>
Beneficiary Address	<input type="text"/>		
<input type="text"/>			
Relationship to member	<input type="text"/>	% Share	<input type="text"/>

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.

Fund Investments

Please provide details of the proposed investments of the fund*

Cash Deposits

40% OF TOTAL.

Investment Managers,
Stockbrokers Fund Platforms

R.L. 360 (IN SPECIE TRANSFER) - £60,000

Policy No: PM10004511

Directly held funds

Property**

Loans

Unquoted Shares***

Other****

*Please forward us the relevant completed Application Forms required by the investment provider.

**Please complete our Property Application Form which can be found on the Literature section of our website.

***Please complete our Unquoted Shares Application Form which can be found on the Literature section of our website.

****Please provide additional information where applicable.

Employer Declaration

On behalf of the sponsoring employer, we request that Cranfords establish a Small Self Administered Scheme (the Scheme) and we agree to be bound by the Trust Deed and Rules of the Scheme. We confirm that we are acting in accordance with the Memorandum and Articles of Associate of the Company or Partnership Agreement.

We understand that Cranfords are the Scheme Administrator.

I/We understand that once a contribution has been made to the Scheme, it cannot be returned without incurring a tax charge.

I/We confirm that we have the necessary capacity and authority to enter into this agreement.

I/We acknowledge that we are aware of the risk factors of entering into a SSAS.

I/We understand and agree that Cranfords are entitled to charge fees and expenses for administering the plan. We confirm that we have received a copy of the Fee Schedule current at the date of this application and agree to pay the fees as set out in that Schedule. We understand that the Fee Schedule may change from time to time and agree to the most recent version published on Cranfords website. We understand that the charges represent Cranfords fees and will not be refunded if the plan is closed or transferred on any date other than the anniversary date by giving 30 days notice. We also understand that the fees payable in respect of the plan may be amended or increased from time to time upon reasonable prior notice.

As Cranfords is a trading name, invoices for fees are issued by and payable to Cranfords. We understand that if fees are not met within 28 days, steps will be taken to recover the outstanding fees and that we will be required to cover all costs associated with the recovery of the fees.

I/We understand and agree that Cranfords shall not bear any liability for any tax charge, unauthorised payment charge, lifetime allowance charge (or any other charge under the Finance Act 2004) payable by or in respect of the plan. If any such charge is incurred or such payment is made, we understand and agree that Cranfords shall be entitled to take steps to recover any fees, charges or expenses incurred by them in respect of such liability in the manner described above.


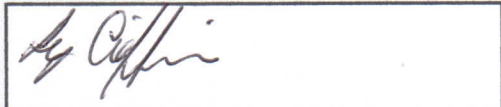
I/We understand that Cranfords will normally correspond with the Financial/Professional Adviser named on page 2 unless we have requested otherwise.

I/We agree to the Advisers fees set out on page 2 to be paid from the SSAS fund.

I/We understand and agree that there will be no earmarking of any assets to particular benefits or members under the plan.

To the best of my/our knowledge and belief the statements included in the application are true and complete.

To be signed by a director of the Principal Employer

Signature		Print Name	PETER JAMES LEGGE
Position	COMPANY DIRECTOR.	Date	24-1-2018
Witness		Print Name	Ty Griffin
Address	41 LUNE GROVE BLACKPOOL.	Position	BUILDER.
		Date	24-1-2018

The Risks

As the SSAS provides retirement benefits to its Members on a Money Purchase (Defined Contribution) basis, the level of pension income achievable at the point you wish to retire will depend on a number of factors.

The size of the fund attributable to you at the point you wish to retire: this will be dependent on the amount you invest into your SSAS, through Transfers and Contributions, plus the performance of the underlying investments held by the SSAS, minus any fees and charges incurred along the way.

The timing of your retirement: the values of the underlying investments within the SSAS are likely to fluctuate with Market conditions. The value of an investment can go down as well as up and there is always the risk that you may not get back what you originally put in. If you decide to purchase an Annuity with your retirement funds, then it's important to remember that Annuity Rates also fluctuate with Market conditions.

Pension Tax Legislation: This is subject to change which could be more or less favourable to the growth of your funds within the SSAS and the options available to you at the point you wish to retire.

Tax Rates: Tax Rates are also subject to change and may affect the Net Retirement Income that you receive.

Some investments are a higher risk than others and you should understand the risk profile of the underlying investments.

We offer an execution-only service, and as such we do not provide any form of regulated advice.

We would recommend that anyone considering transferring existing pension benefits into a SSAS or carrying out their duties as a Trustee of a SSAS, seek advice from a suitably Authorised and Regulated Adviser.

Declaration

I am aware of the current limits and allowances regarding tax relief. I declare that:

- a) The total contributions that have been or will be paid to any registered pension scheme in respect of which I am entitled to tax relief under section 188 of the Finance Act 2004 will not exceed the higher of the following:
 - The basic amount (£3,600); or my "relevant UK earnings" for the tax year in question, within the meaning of section 189 of the Finance Act 2004.
- b) The declaration & information I have given in this application is, to the best of my knowledge and belief, correct and not misleading.
- c) I will give notice to Cranfords in writing by the end of the tax year (5th April) or within 30 days (whichever is later) if there is a change in:
 - my residency status, other personal information such as a change of name or permanent residential address and/or status affecting qualification for tax relief.
- d) You have our authority to complete any Anti Money-Laundering checks on parties making contributions as required.

Data Protection Act 1998

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.

General Declaration

I/We hereby apply to become a member of the Scheme referred to above and I agree to be bound by the Trust Deed and Rules, as amended from time to time.

I/We declare that the information provided in this application form, and any other documents completed in connection with this application, is/are to the best of my knowledge and belief, correct and complete.

I/We will not require, nor attempt to require, the withdrawal of funds held to provide benefits for me under the Scheme, or the income on those funds, other than in accordance with the rules of the Scheme. In the event that an unauthorised payment is made, I/we agree to the scheme administrator deducting the amount of any scheme sanction charge, or other charge, levied by HMRC on the scheme administrator from the funds held for me/us under the Scheme in order to pay that charge to HMRC. If there are insufficient funds held for me/us under the Scheme, I/we agree to pay the scheme administrator the amount by which the charge exceeds the value of my funds under the Scheme.

I/We are not aware of any reason why I am/we are not permitted to act in the capacity of Trustee.

I/We agree to the fee structure set out in the Fee Schedule and understand that the appropriate fees may be paid to Cranfords by withdrawal from my/our Scheme Fund.

I/We agree that where there are insufficient funds available in my/our Scheme to cover your fees in full, these will be settled by encashment/surrender/sale of other assets held by the Scheme and that payment will not be unreasonably withheld.

I/We agree to the appointment of the Adviser named on page 2 and agree that investment instructions given by the Adviser to Cranfords are made on my/our behalf with my/our full knowledge and consent. I/We agree to the Adviser's fees set out above being paid from my/our Scheme funds by Cranfords.

I/We agree and accept to the liability and indemnity clause in the Trust Deed and Rules of the Scheme.

I/We have read and understood the risk warnings.

Where I/We have received financial advice, I/we confirm we have received the appropriate risk warnings.

Data Protection Act 1998 - Your Information

We will use the information provided to check your identity, and that of any other person providing funds on behalf of an investment made in your name. Our checks are recorded. We use scoring methods to verify your identity as this provides a thorough check of the available data. If you supply false or inaccurate information and we suspect fraud, we will inform the fraud prevention agencies. If we cannot verify your identity by electronic means, we may ask you for additional information.

Please write to us at the address provided in this Application Form if you want a copy of the identity check report, you have a legal right to these details. We may charge a fee for providing the information. You have a right on payment of a fee to receive a copy of the information we hold about you if you apply to us in writing.

Any information supplied by you will be treated in the strictest of confidence and will be held in accordance with the Data Protection Act 1998.

Bank Account

I/We understand that a pension scheme bank account will be established on behalf of my/our Scheme with the bank.

I/We agree and provide confirmation to Cranfords to instruct payments on my account for the following reasons:

1. Payment of my fees for the administration of my pension scheme
2. To place investments from my pension scheme into investments that I have selected and completed a signed application for
3. In respect of my pension benefits when I elect to retire
4. Any tax or VAT due to HMRC
5. Any other payment in line with the administration of my pension scheme

Trustee Terms

I agree to my/our appointment as trustee and understand that:

1. the main purpose of the Scheme must be the provision of retirement and death benefits;
2. the trustee has general duties under the law and specific duties imposed by the Trust Deed and Rules. A trustee must be aware of the liabilities of the trust and any limitations imposed by HMRC;
3. the trustees have a duty to invest trust assets in the best interests of the beneficiaries and to act as a prudent person would when investing on their own behalf; and
4. under trust law all trustees of a trust are jointly responsible for the administration and management of the trust assets whether or not any duties have been delegated to a third party;

Finance Act 2004

For information, the receiving scheme is a registered pension scheme under Finance Act 2004.

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 Transfers

I authorise and instruct you to transfer sums and assets from the plan as listed in the appropriate section of this application directly to Cranfords and to provide any instructions and/or discharge required by any third party to do so.

Where you have asked me to give you any original policy document[s] in return for the transfer of sums and assets and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.

I authorise Cranfords, the current provider and any other Financial Intermediary named in this application to obtain information from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Cranfords.

I authorised Cranfords, the current provider and any employer paying contributions to any of the plans listed in the appropriate section of this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Cranfords.

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

Where the payment[s] made to receiving scheme represents all of the sums and assets under the plan[s] listed in this form, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the plan[s] listed.

Where the payment[s] made to the receiving scheme represents part of the sums and assets under the plan listed in the appropriate section of this form, then the payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan[s] represented by the payments.

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.

If I've taken any benefits from any pension arrangement, with the current or any other pension provider, in a way which means that I am subject to the Money Purchase Annual Allowance [MPAA], I have supplied the date the MPAA first applied to me in this application form.

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.

Continued Overleaf

Request For Transfers (Continued)

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

PETER JAMES LEGGE

Signature



Date

24-1-2018

Member Trustee Name

Signature

Date

Member Trustee Name

Signature

Date

Member Trustee Name

Signature

Date