



## SSAS MEMBER QUESTIONNAIRE

Please complete in block capitals and in black ink, ticking boxes where appropriate

### Scheme Details

Scheme Name

Name of Member

Principle Employer's Name

1

### Member Details

Mr  Mrs  Ms  Miss  Male  Female

Other  If 'Other' please state

Marital Status:

Forename(s)

Married  Single

Surname

Widowed  Divorced

Private Address

Registered civil partner  Other

Spouse's / Civil Partner's Date of Birth

D	D	M	M	Y	Y	Y	Y
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Post Code

Country of Residence



Country

We will need to take any pension sharing order into account when calculating your retirement benefits. Is your country of residence the United Kingdom?

Telephone

E-mail

Is there a pension sharing order in place?

Date of Birth

Yes  No

D	D	M	M	Y	Y	Y	Y
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National Insurance Number

Unique Tax Reference (UTR)

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**2****Employer Details**

Name of Employer

Please only insert name if different from that detailed above.

Date you joined Employer

D	D	M	M	Y	Y	Y	Y
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Are you a Director?

Yes

No

Date you became a director

D	D	M	M	Y	Y	Y	Y
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Please provide a few sheets of your employer's headed paper for Astute Trustee Services Ltd

**3****Note of Beneficiaries**

In the event of your death, please confirm the percentage split of any lump sum benefits to be paid to your nominated beneficiaries.

The trustees will consider your wishes but shall not necessarily be bound by these. If you do not complete this section the trustees will exercise their discretion as to whom your benefits should be paid. This may include payment to your estate. You may change your nominated beneficiaries in writing at any time. Astute Trustee Services Ltd will keep this information confidential.

Name of Beneficiary

Relationship

% Lump Sum Benefit

Name of Beneficiary

Relationship

% Lump Sum Benefit

Name of Beneficiary

Relationship

% Lump Sum Benefit

Signed

Print Name

Date

D	D	M	M	Y	Y	Y	Y
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**6****Member's Declaration**

The information on this form and any supplementary information provided by you and / or your nominated advisers, now or in the future, will be used by Astute Trustee Services Limited to:

1. Set up and administer the pension scheme;
2. Send information relating to the pension scheme to any of the trustees of the scheme;
3. Give essential information about your account to others if necessary to run your account and for regulatory purposes. Information about you will be kept after your account is closed.

I confirm that by completing this application I agree to become a member of this Employer's Small Self-Administered Scheme and to be bound by the Trust Deed and Rules.

I authorise my previous company, any insurer or other pension provider and HMRC to disclose to Astute Trustees Services Limited any details they request about the benefits provided for me.

I agree to the appointment of the professional trustee company selected by Astute Trustee Services Limited as independent trustee and as Scheme Administrator.

I confirm the information provided in this application is true and correct to the best of my knowledge.

Signed

Print Name

Date

D	D	M	M	Y	Y	Y	Y
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**7****Money Laundering Regulations**

To comply with the requirements of the Money Laundering Regulations 1993, Astute Trustee Services Limited is obliged to obtain verification of the members' identity when new members join.

For each new member:

**Personal Identity Check** – please supply the ORIGINAL of one of the following:

- Current signed passport
- Residence permit issued by the Home Office to EU Nationals on sight of their own country's passport
- UK photocard or old style full driving licence
- Benefit book or notification letter from the Benefits Agency confirming the right to benefits
- Inland Revenue tax notification or coding notice
- Firearms certificate

**Address check** – please supply the ORIGINAL of one of the following, showing current address:

- Gas, electricity or telephone bill (mobile 'phone bills are not acceptable)
- Mortgage statement
- Council tax demand
- Bank, building society or credit card statement

If you have difficulties with any of these requirements, please let us know. We cannot accept you as a client until these requirements are satisfied.

Member's Full Name

Address

  
  
  


Post Code

Insurance Company / Provider's Name

Address

  
  
  


Post Code

Policy / Membership Number

- This letter hereby authorises Astute Trustee Services Limited to act on my behalf in applying for the transfer of the Pension Policy above into their Small Self-Administered Scheme

HM Revenue & Customs Pension Scheme Tax Reference

and to take whatever steps may be necessary to effect such a transfer.

- The  Is a registered Pension Scheme under the Finance Act 2004

- Accordingly, I formally authorise and request that you transfer the amount payable relevant to an open market transfer value in favour of the

For the above individual.

The receiving bank account details are:

Bank

Address

  
  
  


Post Code

Sort Code

Account Number

Account Name

Reference (please quote)

- In return for paying the proceeds from the above plan to Astute Trustee Service Limited and subject to all requirements being satisfied I hereby indemnify you against any relevant claim costs, damages and other losses incurred resulting from this payment. I agree also that payment of the transfer value will be a full discharge of your liability under all policies shown above.

- The transfer value will be used to provide benefits under the

- The  Will comply with all legislation governing receipt and application of the transfer payment

- Only if and where appropriate, I formally authorise that the plan be endorsed in order for a transfer to proceed

- The transfer value should include all increments to the relevant policies, regardless of whether such increments are noted under separate incremental numbers.

- Unless the original policy document(s) is (are) included, this letter is to serve also as formal notice that I am unable to locate the original document. In these circumstances, please refer to the above notice of discharge.
- I confirm I am the legal owner of the policy(ies). I am legally entitled to give instructions to yourselves to transfer the benefits of the policy(ies). I am not bankrupt and there are no court orders affecting my policy(ies).
- Lest there be any doubt, I formally confirm I do wish for the transfer to proceed.
- Please take special note I do not wish to sign and additional forms unless this is a legal necessity.

Yours Faithfully

Members signature

Members Name

Date

D	D	M	M	Y	Y	Y	Y
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Astute Pensions is a trading name of Astute Trustee Services Limited which is registered in England and Wales with number 07944236 and whose registered office is at 87 Watling Street Road, Fulwood, Preston, PR2 8BQ. Astute Trustee Services Limited is authorised and regulated by the Financial Conduct Authority.