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## SSAS Takeover Request Form

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This form is designed to collect the information required to establish a new SSAS. Please note that in order for this form to be processed we also require a signed copy of the **SSAS Practitioner Service Terms of Business** form.

## Contents

- A. Scheme details
- B. Employer details
- C. Members details
- D. Trustee details
- E. Declaration & authorisation

**Please also provide the following documents:**

- / A copy of the documentation establishing the scheme (usually a trust deed) and all subsequent deeds.
- / A copy of the HMRC letter confirming the registration of the scheme.
- / A copy of any announcement letters issued to the members.
- / A copy of any pension protection certificates issued to the members.
- / Details of any benefit crystallisations made by the members.
- / A copy of the most recent death benefit nomination forms (sometimes called 'expression of wish') completed by the members.
- / A copy of the most recent accounts of the scheme.
- / Details of the scheme's current investments.
- / If there is more than one member in the scheme, details of how the fund is split between the members.

## A. Scheme details

Name of scheme:

HMRC Pension Scheme Tax Reference (PSTR)

Legal Entity Identifier (LEI)

Is any PAYE administration in place for this scheme.

**If so, who provides this service?**

### Scheme Administrator for HMRC purposes:

Individual/ Company Name:

Scheme administrator ID:

Government Gateway user ID:

Government Gateway password:

Government Gateway recovery word:

### Preparation of the scheme accounts:

Company name:

Contact person at company:

Email address:

Telephone number:

### Scheme bank account details:

Bank name:

Bank account number:

Sort code:

Bank address:

Postcode

## B. Employer details

Please provide the following details of each employer participating in the scheme.

1st Company name:

Is the company trading:

 Yes  No

Company trading address:

Postcode

2nd Company name:

Is the company trading:

 Yes  No

Company trading address:

Postcode

### C. Member details

Please provide the following details for each member. If more than 3 members, please provide additional information on a separate sheet and attach it to this document.

Title (Mr/Mrs/Miss/Other)	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Full name:	<input type="text"/>		
Date of birth:	<input type="text"/>		
National Insurance number (NI)	<input type="text"/>		
Unique Taxpayer Reference (UTR)	<input type="text"/>		
Occupation:	<input type="text"/>		
Nationality:	<input type="text"/>		
Dual nationality: If yes, please provide details	<input type="text"/>		
Country of birth:	<input type="text"/>		
Email address:	<input type="text"/>		
Telephone number:	<input type="text"/>		
Permanent residential address:	<input type="text"/>		
		Postcode	
Length of time at this address:	<input type="text"/> Years	<input type="text"/> Months	
If less than 36 months, please provide the details of your previous address:	<input type="text"/>		
		Postcode	
Have you taken any benefits from any pension schemes? If yes, please provide details:	<input type="text"/>		
Have you registered for pension protection? If so, please provide a copy of the protection certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Member details (continued)

Please provide the following details for each member. If more than 3 members, please provide additional information on a separate sheet and attach it to this document.

Title (Mr/Mrs/Miss/Other)	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Full name:	<input type="text"/>		
Date of birth:	<input type="text"/>		
National Insurance number (NI)	<input type="text"/>		
Unique Taxpayer Reference (UTR)	<input type="text"/>		
Occupation:	<input type="text"/>		
Nationality:	<input type="text"/>		
Dual nationality: If yes, please provide details	<input type="text"/>		



Country of birth:

Email address:

Telephone number:

Permanent residential address:   
Postcode

Length of time at this address:  Years  Months

If less than 36 months, please provide the details of your previous address:   
Postcode

Have you taken any benefits from any pension schemes? **If yes, please provide details**

Have you registered for pension protection?  Yes  No

**Member details (continued)**

Please provide the following details for each member. If more than 3 members, please provide additional information on a separate sheet and attach it to this document.

Title (Mr/Mrs/Miss/Other)   Male  Female

Full name:

Date of birth:

National Insurance number (NI)

Unique Taxpayer Reference (UTR)

Occupation:

Nationality:

Dual nationality:   
**If yes, please provide details**

Country of birth:

Email address:

Telephone number:

Permanent residential address:   
Postcode

Length of time at this address:  Years  Months

If less than 36 months, please provide the details of your previous address:   
Postcode

Have you taken any benefits from any pension schemes? **If yes, please provide details**

Have you registered for pension protection? **If so, please provide a copy of the protection certificate**  Yes  No

## E. Declaration & authorisation

I confirm that none of the members/ trustees of the pension scheme have:

- / Been involved in tax fraud, abuse of tax repayment systems or other fraudulent behaviour including misrepresentation and/or identity theft;
- / Had a criminal conviction relating to finance, corporate bodies or dishonesty;
- / Been the subject of adverse civil proceedings relating to finance, corporate bodies or dishonesty/misconduct;
- / Participated in or been connected with designing and/or marketing tax avoidance or pensions liberation schemes;
- / Been disqualified from acting as a company director or are bankrupt;

Signed by a director of the employer

Full name:

Signature:

Date:



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**Call: 020 8371 3111**

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