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## SSAS Takeover Request Form

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This form is designed to collect the information required to take over an existing 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**.

## Contents

- A. Scheme details
- B. Employer details
- C. Member 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	<input type="text"/>
Scheme contact	<input type="text"/>
HMRC Pension Scheme Tax Reference (PSTR)	<input type="text"/>
Pension Scheme Registry number (PSR)	<input type="text"/>
Legal Entity Identifier (LEI)	<input type="text"/>
Is any PAYE administration in place for this scheme If so, who provides this service?	<input type="text"/>

### Scheme Administrator for HMRC purposes:

Individual/ Company Name	<input type="text"/>
Scheme administrator ID	<input type="text"/>
Government Gateway user ID	<input type="text"/>
Government Gateway password	<input type="text"/>
Government Gateway recovery word	<input type="text"/>

### Who prepares the scheme accounts?

Company name	<input type="text"/>
Contact person at company	<input type="text"/>
Email address	<input type="text"/>
Telephone number	<input type="text"/>

### Scheme bank account details:

Bank name	<input type="text"/>
Bank account number	<input type="text"/>
Sort code	<input type="text"/>
Bank address	<input type="text"/>
	Postcode

## B. Employer Details

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

1st Company name	<input type="text"/>
Is the company trading	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company trading address	<input type="text"/>
	Postcode
2nd Company name	<input type="text"/>
Is the company trading	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company trading address	<input type="text"/>
	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	<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 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 yes, 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	<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"/> <i>Postcode</i>
Length of time at this address	<input type="text"/> Years <input type="text"/> Months
If less than 36 months, please provide your previous address	<input type="text"/> <i>Postcode</i>
Have you taken any benefits from any pension schemes? If yes, please provide details	<input type="text"/>
Have you registered for pension protection? <b>If yes, please provide a copy of the protection certificate</b>	<input type="text"/> Yes <input type="text"/> 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="text"/> Male	<input type="text"/> Female
Full name	<input type="text"/>		
Date of birth	<input type="text"/>		
National Insurance number	<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"/> <i>Postcode</i>		
Length of time at this address	<input type="text"/> Years	<input type="text"/> Months	
If less than 36 months, please provide your previous address	<input type="text"/> <i>Postcode</i>		
Have you taken any benefits from any pension schemes? If yes, please provide details	<input type="text"/>		
Have you registered for pension protection? <b>If yes, please provide a copy of the protection certificate</b>	<input type="text"/> Yes	<input type="text"/> No	

## D. Trustee Details

Please complete this section only for anyone who is a trustee of the SSAS but not a member.

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	<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 your previous address.	<input type="text"/>		
		Postcode	

## 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:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>



**Risk disclaimer:**

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