



New SSAS 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**.

Contents

- A. Scheme details
- B. Employer details
- C. Member details
- D. Trustee details
- E. Declaration & Authorisation

A. Scheme details

Scheme contact person

Name of scheme:

Full name:
(as per your passport)

UK passport number:

UK passport expiry date:

Preparation of the scheme accounts

Company name:

Contact person at company:

Email address:

Telephone number:

How will the pension fund be invested?

How much is expected to be contributed to the pension fund in the first year?

How much is expected to be transferred to the pension fund from other pension schemes?

B. Employer details

Company name:

Is the company trading? Yes No

Company trading address:

Postcode

Length of time at this address: Years Months

If less than 36 months, please provide the details of the company's previous address:

Postcode

Nature of the company's business:

Unique Taxpayer Reference (UTR)

PAYE employer reference number:

VAT registration number:

Corporation tax reference:

Company registration number:

Number of employees:

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)

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:

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

Yes No

Have you registered for pension protection?
If so, please provide a copy of the protection certificate

Yes No

Will you be appointed as a trustee of the SSAS?
If yes, please don't fill in Section D

Yes No

C. Member details (continued)

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:

Length of time at this address:

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

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

Will you be appointed as a trustee of the SSAS?
If yes, please don't fill in Section D

C. Member details (continued)

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:

Length of time at this address:

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

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

Will you be appointed as a trustee of the SSAS?
If yes, please don't fill in Section D

D. Trustee details

Please complete this section only if you will be 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 (NI)	<input type="text"/>		
Unique Taxpayer Reference (UTR)	<input type="text"/>		
Occupation:	<input type="text"/>		
Nationality:	<input type="text"/>		
Dual nationality:	<input type="text"/>		
If yes, please provide details			
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	

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;
- / Been disqualified from acting as a pension scheme trustee.

Signed by a director of the employer

Full name:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>



The information contained within this communication does not constitute financial advice and is provided for information purposes only. Vintage SSAS Services Ltd is a company registered in England and Wales No. 12633538.

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