



# SSAS SCHEME APPLICATION

## SECTION ONE

### Scheme Details

New Scheme  Takeover of existing SSAS from another administrator

Name of Scheme	<input type="text"/>		
Main Scheme contact	<input type="text"/>		
Main Contact Address	<input type="text"/>		
	<input type="text"/>		
Main Contact Telephone number	<input type="text"/>	Number of members	<input type="text"/>
Will administration fees be paid from the Scheme or by the Principal Employer? (please tick one)	Scheme <input type="checkbox"/>	Employer	<input type="checkbox"/>

## SECTION TWO

### Principal Employer Details

Company Name	<input type="text"/>		
Registered Address	<input type="text"/>		
	<input type="text"/>		
Telephone Number	<input type="text"/>	Company Registration No.	<input type="text"/>
Email Address	<input type="text"/>		
Nature of business	<input type="text"/>		
Company HMRC PAYE REFERENCE	<input type="text"/>	Company VAT No. (If applicable)	<input type="text"/>



## SECTION THREE

### Additional Participating Employer

Is any employer, other than the principal Employer, to participate in the SSAS?

Yes  No

If **yes**, please complete the following;

Company Name	<input type="text"/>		
Registered Address	<input type="text"/>		
	<input type="text"/>		
Telephone Number	<input type="text"/>	Company Registration No.	<input type="text"/>
Email Address	<input type="text"/>		
Nature of business	<input type="text"/>		
Company HMRC PAYE REFERENCE	<input type="text"/>	Company VAT No. (If applicable)	<input type="text"/>
Relationship to Principal Employer	<input type="text"/>		

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## SECTION FOUR

### Accountant (if applicable).

Contact Name	<input type="text"/>		
Accountancy Firm Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Telephone Number	<input type="text"/>	Email Address	<input type="text"/>

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## SECTION FIVE

### Financial Advisor (if applicable).

Contact Name	<input type="text"/>	
Company Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
Telephone Number	<input type="text"/>	Email Address <input type="text"/>
Authorisation Number	<input type="text"/>	

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## SECTION SIX

### Initial Contributions Details

(Please complete this section if single or regular contributions will be paid into the SSAS.)

**Important: If you have enhanced or fixed protection, any contribution made to the SSAS means you will lose this protection. Also, if your contributions in respect of a tax year exceed the annual allowance, then you may be subject to a personal tax charge called the annual allowance charge. It is possible for unused annual allowance to be carried forward for up to three years. You should speak to your financial advisor about this.**

**The Tax treatment depends on the individual circumstances and may be subject to change in the future.**

Name	<input type="text"/>	Amount	£ <input type="text"/>
Name	<input type="text"/>	Amount	£ <input type="text"/>
Name	<input type="text"/>	Amount	£ <input type="text"/>
Name	<input type="text"/>	Amount	£ <input type="text"/>
		Total	£ <input type="text"/>

If the above payments are regular contributions please indicate the frequency of payments

A minimum contribution of £500 must be made into the scheme at outset.



## SECTION SEVEN

### Member Details

Full Name (including title)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Residential Address	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (DD/MM/YYYY)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Marital Status	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Spouse's D.O.B (DD/MM/YYYY)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Nationality	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Country of Residence	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
NI Number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Are your benefits subject to a pension sharing order?	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If so, please let us have a copy.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your benefits subject to primary, enhanced or fixed protection?	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If so, please let us have details plus a copy of the HMRC Certificate.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in receipt of retirement benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your employment status?	<input style="width: 95%;" type="text"/> <small>i.e. employed, self employed, unemployed, retired etc</small>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Employer/Trading Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Are you a Director?	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>i.e. of any of the sponsoring companies.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a Shareholder?	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>i.e. of any of the sponsoring companies.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your relationship to the company?	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Please provide a copy of a government issued document which incorporates your full name and photograph. Acceptable documents include:  
Valid Passport, Valid photocard Driving License. Please contact us for other acceptable documentation if the above can not be supplied.  
For additional members, please copy this page and attach to the SSAS Scheme Application Form.



**Employer declaration**

On behalf of the Principal Employer and Participating Employer(s) we agree to establish the SSAS in the above name and confirm that we have the necessary capacity and authority to enter into this agreement in accordance with the Memorandum and Articles of Association of the Company or Partnership Agreement.

- We request Hartley SAS to provide the necessary documentation to establish the Scheme and provide the Members with details of their membership on our behalf.
- We agree to Hartley SAS to act as the Professional Trustee and providing administration services to the Scheme.
- I understand that the fees charged by the administrator, Hartley SAS, may change from time to time and agree to the most recent version provided and published on the Hartley Pensions Website.
- I confirm that, to the best of my knowledge, the information provided on this Application Form and any accompanying forms are correct.

**I agree that I have been given adequate time to read, understand and ask questions regarding the Hartley SSAS Terms & Conditions, Key Features Document, Trust Deed, Rules of the Scheme and fee schedule and hereby confirm my acceptance.**

**SECTION EIGHT**

**Signatures**

**Signature on behalf of the principal employer**

Director Signature	<input type="text"/>	Date	<input type="text"/>
In the presence of			
Witness Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Occupation	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

**Member Trustee Signatures**

I apply for membership of the pension scheme named above ("the Scheme") and agree to be bound by the Trust Deed and Rules of the Scheme.

- I agree to act as Trustee and accept the duties and responsibilities of Trustee as set out in the Trust Deed and Rules including those of the Scheme Administrator.
- I agree to the appointment of Hartley SAS as the professional trustee..
- I agree that where there are insufficient funds available in the Scheme to cover your fees in full, these will be settled by encashment/surrender/sale of other investments held by the Scheme
- I understand that the fees charged by the administrator, Hartley SAS, may change from time to time and agree to the most recent version provided and published on the Hartley Pensions Website.
- I confirm that, to the best of my knowledge, the information provided on this Application Form and any accompanying forms are correct.

**I agree that I have been given adequate time to read, understand and ask questions regarding the Hartley SSAS Terms & Conditions, Key Features Document, Trust Deed, Rules of the Scheme and fee schedule and hereby confirm my acceptance.**

Signature	<input type="text"/>	Print Name	<input type="text"/>
Signature	<input type="text"/>	Print Name	<input type="text"/>
Signature	<input type="text"/>	Print Name	<input type="text"/>
Signature	<input type="text"/>	Print Name	<input type="text"/>

For additional members, please copy this page and attach to the SSAS Scheme Application Form. Please note, each member trustee must sign.



## SECTION NINE

### Checklist

To enable us to proceed the following documents must be completed and the originals returned;

Scheme Application Form	<input type="checkbox"/>
RBS Bank account Mandate	<input type="checkbox"/>
Evidence of Identity for each member trustee	<input type="checkbox"/>
Expression of wishes form for each member trustee	<input type="checkbox"/>
One Transfer in authority for each transfer (if applicable)	<input type="checkbox"/>

Please return all completed correspondence to:

Hartley SAS Ltd  
5th Floor  
25 Marsh Street  
Bristol  
BS1 4AQ

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## NEXT STEPS

- On full completion of your application we must complete mandatory Money Laundering checks on the each individual member and the sponsoring employer.
- Once completed we will produce and send you a Trust Deed for your SSAS Scheme. This document will require the signatures from each member (to become a Trustee), the employer (to establish the scheme) and a witness (to legally create the deed).
- After the Trust Deed is returned fully signed we will apply to HMRC for the Pension Scheme to become registered.
- Once approval has been obtained the SSAS RBS Bank account can be created. This will be used to receive the funds of any transfers from other pension providers (please complete Transfer In Form to initiate this process).
- Please contact us if you have any questions throughout the process.



**Hartley Pensions Ltd**

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