

Small Self Administered Scheme

Application Pack



Notes for completing this Application Pack

This Application Pack comprises the following forms:

FORM A

COMPANY AND SCHEME DETAILS - to be completed on behalf of the company which is to establish the scheme, or for takeovers, the current principal employer.

This form must also be completed by any company which is to become a participating employer under an existing scheme.

FORM B

MEMBER APPLICATION FORM - to be completed by each person who is to be invited to join the Scheme, or for takeovers, all existing members. We will only administer SSAS where all members are trustees.

If pension benefits are to be transferred to this Scheme from other registered pension schemes then the member whose benefits are to be transferred will need to complete a Transfer Form in respect of each transfer (available upon request). If the transfer is to take the form of a transfer of assets (e.g. property, shares, unit trusts etc) we will require a list of assets being transferred, with an approximate valuation of each asset, before we can proceed with your application.

If you are considering buying a commercial property within your SSAS (or you are transferring a property from another registered pension scheme) then you should refer to the Property Notes and complete a separate Property Questionnaire for each property (available upon request).

If benefits for any member are to commence immediately, then the member whose benefits are to commence will need to complete a Benefit Form (available on request). Further documentation will be required if you wish to access flexible drawdown.

We cannot proceed with your application until we receive:

- Form A completed and signed on behalf of the principal employer; and
- Form B completed and signed by each member of the Scheme.

We reserve the right to charge you for any work undertaken in relation to an aborted application.

We strongly recommend that you read the Member's Guide before establishing a SSAS and also consult an independent financial adviser.

If you have any queries whatsoever in relation to the completion of any section of this pack, then you should contact your adviser or alternatively feel free to contact A J Bell Limited at:

A J Bell Platinum
Trafford House
Chester Road
Manchester
M32 0RS
Tel: 0845 25 05 610
Fax: 0845 40 89 200
Website: www.ajbell.co.uk
E-mail: platinumssas@ajbell.co.uk

FORM A - COMPANY AND SCHEME DETAILS - to be completed on behalf of the company which is to establish the Scheme, or, for takeovers, the current principal employer and all participating employers.

Please use BLOCK CAPITALS and blue or black ink only, ticking circles where appropriate.

New Scheme

Takeover of administration and trustee responsibilities under an existing scheme

1 Company Details

Company Name	<input type="text"/>		
Registered Office	<input type="text"/>		
	<input type="text"/>		
	Post Code		
Company Address <i>(if different from registered address)</i>	<input type="text"/>		
	<input type="text"/>		
	Post Code		
Company Telephone Number	<input type="text"/>	Company Fax Number	<input type="text"/>
Company E-mail Address	<input type="text"/>	Company's Accounting Date	<input type="text"/>
Company Registered Number	<input type="text"/>	Nature of Business	<input type="text"/>
Company Auditor	<input type="text"/>		
Contact Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Post Code		
Telephone Number	<input type="text"/>		

Please note that only companies participating in the Scheme can pay contributions and only then on behalf of it's own employees, or former employees.

2 Participating Employer

If there is more than one, please provide the details on a separate sheet and attach it to this form.

Company Name	<input type="text"/>		
Company Registered Number	<input type="text"/>		
Registered Office	<input type="text"/>		
	<input type="text"/>		
	Post Code		
Company Address <i>(if different from registered address)</i>	<input type="text"/>		
	<input type="text"/>		
	Post Code		

3 Financial Adviser

Please provide the name and address of your financial adviser, if applicable.

Adviser Name

Adviser Firm

Address

Post Code

Telephone Number

Fax Number

E-mail Address

4 Scheme

Scheme name ("the Scheme")

(This will be the name of your pension scheme shown on the Trust Deed and Rules)

Main contact details (for general correspondence)

Name

Address

Post Code

Telephone Number

Fax Number

E-mail Address

5 Scheme Membership and Trustees

Please detail the names of the members of the Scheme and the contributions to be paid by them or on their behalf. A member application form must be completed by each member named below.

All members will be appointed as trustees of the Scheme.

Member's Full Name(s)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

For takeovers, please provide the names and addresses of the current pensioner/professional trustee and any other non member trustees below:

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Post Code"/>
Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Post Code"/>

Please note, we will not normally takeover a Scheme which does not currently have a professional trustee.

6 Company Declaration

I/We declare that:

- to the best of my knowledge and belief the information in this form is true and complete; none of the persons named in section 5 are either disqualified to act as a company director or are un-discharged bankrupt;
- all persons named in section 5 will be appointed to act jointly with A J Bell Trustees Limited as trustees and scheme administrator of the Scheme;
- A J Bell Trustees Limited is authorised to register the Scheme with HM Revenue & Customs (HMRC) on behalf of all the trustees and will notify HMRC of the names of other trustees who will act as scheme administrator;
- A J Bell Limited will be appointed as scheme practitioner to the Scheme and will carry out the services set out in the A J Bell Terms of Business. I/We confirm our agreement, in return for the services to be provided under the Scheme, to pay the charges set out, as may be amended from time to time; and
- I understand that once established the Scheme will be administered by the trustees in accordance with the Trust Deed and Rules.

Signature on behalf of the company	<input type="text"/>	Director / Secretary <i>(delete as appropriate)</i>
Name <i>(in CAPITALS)</i>	<input type="text"/>	Date <input type="text"/>

FORM B - MEMBER APPLICATION - to be completed by each person to be invited to join the Scheme.

Employer Name

1 Personal Details

Title	<input type="text" value="Dr / Mr / Mrs / Miss / Ms / Other"/>	Surname	<input type="text"/>
Forename(s) <i>(in full)</i>	<input type="text"/>		
Date of Birth	<input type="text"/>	Sex	<input type="text" value="Male / Female"/>
National Insurance Number	<input type="text"/>		
Marital Status	<input type="text" value="Married / Single / Divorced / Widowed / Civil partner"/>		
Permanent Residential Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text" value="Post Code"/>		
<i>If you have lived at your permanent residential address for less than three years, please provide your previous permanent residential address.</i>			
Previous Permanent Residential Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text" value="Post Code"/>		

2 Spouse's Details

Title	<input type="text" value="Dr / Mr / Mrs / Miss / Ms / Other"/>	Surname	<input type="text"/>
Forename(s) <i>(in full)</i>	<input type="text"/>		
Date of Birth	<input type="text"/>	Sex	<input type="text" value="Male / Female"/>
Permanent Residential Address <i>(if different from above)</i>	<input type="text"/>		
	<input type="text"/>		
	<input type="text" value="Post Code"/>		

3 Transfers

Are you going to transfer your benefits under one or more registered pensions schemes into this Scheme? Yes No

If Yes, please complete the following information. You must also complete a separate Transfer Form (available on request), for each transfer.

Number of transfers to be made?	<input type="text"/>		
Cash	Number	<input type="text"/>	Approximate value £ <input type="text"/>
In-specie <i>(transfer of existing assets)</i>	Number	<input type="text"/>	Approximate value £ <input type="text"/>

Note: Transfers from other UK registered pension schemes can be paid into the scheme (excluding protected rights which cannot be transferred). We will only accept a transfer of assets (in-specie) which are permitted investments for an A J Bell SSAS (See Member's Guide available on request). Please send us details of the assets you wish to transfer.

4 Nomination of Beneficiaries

If you wish to nominate who you would like to receive any death benefits in the event of your death, please complete the section below. I would like the trustees to consider distributing any benefits payable on my death to the following, in the proportions shown:

Full Name	<input type="text"/>	Relationship	<input type="text"/>	<input type="text"/> %
Full Name	<input type="text"/>	Relationship	<input type="text"/>	<input type="text"/> %
Full Name	<input type="text"/>	Relationship	<input type="text"/>	<input type="text"/> %
Total				100 %

I understand that the above is not legally binding and that distribution of death benefits is at the discretion of the trustees of the Scheme.

Should you wish to alter this nomination in the future, please contact us to arrange for an appropriate form.

5 Declaration

General Declaration

I hereby apply to become a member of the Scheme referred to above and I agree to be bound by the Trust Deed and Rules, as amended from time to time.

I declare that the information provided in this application form, and any other documents completed in connection with this application, is to the best of my knowledge and belief, correct and complete.

I will not require, nor attempt to require, the withdrawal of funds held to provide benefits for me under the Scheme, or the income on those funds, other than in accordance with the rules of the Scheme. In the event that an unauthorised payment is made, I agree to the scheme administrator deducting the amount of any scheme sanction charge, or other charge, levied by HMRC on the scheme administrator from the funds held for me under the Scheme in order to pay that charge to HMRC. If there are insufficient funds held for me under the Scheme, I agree to pay the scheme administrator the amount by which the charge exceeds the value of my funds under the Scheme.

Data Protection Act 1998

Your information

We will use the information provided to check your identity, and that of any other person providing funds on behalf of an investment made in your name, with credit reference and fraud prevention agencies. The agencies will record our check and will make that record available to others to verify your identity. We use scoring methods to verify your identity as this provides a thorough check of the available data. If you supply false or inaccurate information and we suspect fraud, we will inform the fraud prevention agencies. If we cannot verify your identity by electronic means, we may ask you for additional information.

Please write to us at the address provided in this Application Form if you want details of the credit reference and fraud prevention agencies from whom we obtain and with whom we record information about you. You have a legal right to these details. The agencies may charge a fee. You have a right on payment of a fee to receive a copy of the information we hold about you if you apply to us in writing.

Any information supplied by you will be treated in the strictest of confidence and will be held in accordance with the Data Protection Act 1998.

IMPORTANT:

Trustee terms

I agree to my appointment as trustee and understand that:

- a) the main purpose of the Scheme must be the provision of retirement and death benefits;

- b) a trustee has general duties under the law and specific duties imposed by the Trust Deed and Rules. A trustee must be aware of the liabilities of the trust and any limitations imposed by HMRC;
- c) the trustees have a duty to invest trust assets in the best interests of the beneficiaries and to act as a prudent person would when investing on their own behalf;
- d) under trust law all trustees of a trust are jointly responsible for the administration and management of the trust assets whether or not any duties have been delegated to a third party; and
- e) the trustees of the Scheme for the purposes of Finance Act 2004 are the scheme administrator.

Bearing in mind the above, please note the following:

- a) All trustees must be a party to all investments and A J Bell Trustees Limited's (AJBTL's) specific consent must be obtained before making:
- i) loans to or investment in shares of the principal employer, or any associated company, or any other company whose shares are not listed on a recognised Stock Exchange.
 - ii) an investment in property or land of any nature including the granting of a lease;
 - iii) any trustee borrowings whether by loan, overdraft or debt and from any lender or for any purpose;
 - iv) a non income producing investment;
 - v) an overseas investment.
- b) AJBTL's specific consent is not required before making any of the following investments:
- i) deposits with any bank or building society;
 - ii) stocks and shares listed on a recognised Stock Exchange;
 - iii) exempt unit trusts;
 - iv) insurance policies.
- c) Mandates for any bank or building society account must be signed by all the trustees including AJBTL and we will negotiate a limited liability clause in respect of AJBTL. In all circumstances we must receive a copy of every statement issued as soon as it is available.
- d) AJBTL is happy to be party to Discretionary Investment Management Agreements provided that the investment manager receives a copy of this agreement and that a suitable indemnity

5 Declaration (cont)

clause is incorporated against any claim resulting from the actions of the investment manager.

e) All decisions relating to the Scheme shall be made by unanimous agreement of the trustees, unless revoked in writing by all the trustees.

As a trustee I authorise A J Bell Trustees Limited to register the Scheme on behalf of the trustees, as scheme administrator and to notify HMRC that I can act jointly with the other trustees as scheme administrator.

I authorise A J Bell Limited to obtain any information it may require from my employer, any pension provider with which I have benefits, and any other person who may hold information required to administer the Scheme.

I also authorise A J Bell Trustees Limited to notify HMRC that A J Bell Limited will act as scheme practitioner for the Scheme.

Signature

Date

Name

Signed in my capacity as member and trustee.

Please sign and date this application and return it to:

**A J Bell Platinum
Trafford House
Chester Road
Manchester
M32 0RS
Tel: 0845 25 05 610
Fax: 0845 40 89 200**

6 Regulatory

A J Bell includes A J Bell Holdings Limited and its wholly owned subsidiaries A J Bell Management Limited, A J Bell Limited and A J Bell Securities Limited.

A J Bell Management Limited is authorised and regulated by the Financial Services Authority. A J Bell Securities Limited is a member of the London Stock Exchange and is authorised and regulated by the Financial Services Authority.

Sippdeal, Sippdealxtra and SIPPcentre are platforms provided by A J Bell Management Limited. A J Bell Platinum SIPP is provided by A J Bell Management Limited. A J Bell Platinum SSAS is provided by A J Bell Limited.

The companies listed in the adjacent table are all registered in England and Wales at Trafford House, Chester Road, Manchester M32 0RS.

Company	Company Number	VAT Number
A J Bell Holdings Limited	4503206	833 5478 13
A J Bell Management Limited	3948391	759 3531 03
A J Bell Limited	3091664	639 0316 44
A J Bell Securities Limited	2723420	918 4226 21