

1 Introduction

In order to allow Yorssas (Trustees) Limited to be appointed as the professional trustee and Yorssas Limited the role of scheme administrator, please provide the following information and associated documentation that may be relevant.

Please note that making a false declaration on this application can have serious consequences.

2 Scheme Details

Name of scheme

3 Principal Employer

Contact Name

Company Name

Registered Office

Tel No

Trading Address

Tel No

Employer Status (e.g. limited, partnership, etc)

Nature of Business

Corporation Tax District / Reference

			Postcode
	Email Address		
			Postcode
	Email Address		
	Employer Year End		
	PAYE District / Reference		

4 Member Trustees

Full Name

Address

Full Name	Address

5 Non Member Trustees

Full Name

Address

6 Trustee Bank Account to be opened with?

Bank Name

Bank Address

Tel No

Contact Name

		Postcode
	Email Address	

7 Additional Information

8 Professional Appointments

Actuarial Adviser

Company Name		
Address		
	Postcode	
Tel No	Email Address	
Contact Name		

Independent Financial Adviser to Scheme

Company Name		
Address		
	Postcode	
Tel No	Email Address	
Contact Name		
Regulated by	Authorisation Number	

Will the IFA be appointed to act as the Investment Adviser?

Yes No

Do you wish your financial Adviser to receive remuneration from your SSAS?

Yes No

Remuneration	Initial (Set Up)	£	or	%
	Additional Funds	£	or	%
	Annual	£	or	%

Any annual fee must be submitted by an invoice

Accountant (Principal Employer)

Company Name		
Address		
	Postcode	
Tel No	Email Address	
Contact Name		

Additional Participating Employer

Yes No

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

If yes, please complete the following :-

Company Name		
Registered Office		
	Postcode	
Tel No	Email Address	
Trading Address		
	Postcode	
Tel No	Email Address	
Employer Status (e.g. limited, partnership, etc)	Employer Year End	
Nature of Business		
Corporation Tax District / Reference	PAYE District / Reference	

9 Declaration

On behalf of the Principal Employer we agree to establish the SSAS and enclose with this questionnaire a fully completed Member Questionnaire for each member invited to join.

We confirm we are acting in accordance with the Memorandum and Articles of Association of the Company or Partnership Agreement.

We confirm that all of the data contained within this questionnaire is to the best of our knowledge accurate.

We agree to be bound by the Trust Deed and Rules of the Scheme and as amended from time to time.

Yorssas (Trustees) Limited and Yorssas Limited have been formally appointed as Professional Trustee and Administrator, respectively, to the scheme with immediate effect.

We accept the Yorssas Limited fees (as amended from time to time) and that they will be invoiced as appropriate.

We understand that pension benefits accrued in the scheme can only provide benefits at retirement or on death.

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Signature	<input type="text"/>	Date	<input type="text"/>
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Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>



PENSION ADMINISTRATORS
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