

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			
Scheme/Policy Number			
HMRC Registration Number			
Number of members			

3 Principal Employer

Contact name							
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	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				
Nature of Business							
Corporation Tax District / Reference		PAYE District / Reference					

4 Retiring Administrator

Scheme Administrator Name			
Company Name (if applicable)			
Address			
	Postcode		
Contact Name			
Tel No		Email Address	
Scheme Administrator ID	A		

Has the scheme been registered for HMRC on-line pension service? Yes No

5 Trustees

Full Name	Address	Member
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

6 Non Member Trustees

Full Name	Address

7 Trustee Bank Account Details

Are the account details

Existing Details? Yes No

New Account to be created? Yes No

Please be aware some administrators will not allow the bank account to be transferred to a new scheme administrator.

Bank Name			
Bank Address			
	Postcode		
Tel No		Email Address	
Contact Name			
Signing Instructions			

8 Current Assets

Type of Holding	Company	Policy No	Value(£)

9 Additional Information

10 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

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

Yes No

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

11 Declaration

On behalf of the Principal Employer we agree to Yorssas Limited and Yorssas (Trustees) Limited investigating the takeover of the scheme. We understand that there will be a charge for this work and any additional work associated with the takeover of the scheme.

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.

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



PENSION ADMINISTRATORS

Eadie House, 74 Kirkintilloch Road, Bishopbriggs, Glasgow G64 2AH

Tel 0141 772 3365 Fax 0141 762 1862

Email: info@yorssas.com

Web: www.yorsipp.com

Registered Office: c/o Calvert Dawson Ltd., 288 Oxford Road, Gomersal, Cleckheaton BD19 4PY Registration number 08487141