

### 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 that is to establish the Scheme, or, for takeovers, the current Principal Employer. This should also be completed by all participating employers.

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

This should also be completed by all participating employers.

#### 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 a 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 we are taking over an existing SSAS containing property, 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 any member wishes to access their pension immediately, then they will need to complete a benefit form (available on request).

#### FORM C

**ADDITIONAL DIRECTORS:** to be completed by any Director of the Principal Employer who will not become a member of the scheme.

In order to register the scheme with HMRC, we are required to submit details of all Directors of the Principal Employer. If this information is not provided, it may lead to delays to the registration of the scheme.

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; and
- Form C, completed by any Director of the Principal Employer who will not become a 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 consider consulting a suitably qualified 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 AJ Bell Business Solutions Limited at:

AJ Bell Platinum  
4 Exchange Quay  
Salford Quays  
Manchester  
M5 3EE

Telephone number: 0345 25 05 610

Fax: 0345 40 89 200

Website: [ajbellplatinum.co.uk](http://ajbellplatinum.co.uk)

Email: [platinumssas@ajbell.co.uk](mailto:platinumssas@ajbell.co.uk)

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

If you would like a copy of this, or any other item of our literature, in large print, Braille or audio format, please contact us on 0345 25 05 610 or by email at [platinumssas@ajbell.co.uk](mailto:platinumssas@ajbell.co.uk).

**FORM A - COMPANY AND SCHEME DETAILS:** to be completed on behalf of the company that is to establish the Scheme, or, for takeovers, the current Principal Employer. This should also be completed by all participating employers.

New scheme

Takeover of administration and trustee responsibilities under an existing scheme

## 1. Company details

Company name

Registered office

Postcode

Company address

Postcode

Company telephone number

Company fax number

Company email address

Company accounting date

Company registered number

Nature of business

Company auditor

Contact name

Address

Postcode

Telephone number

We only require the following information if this is a new SSAS. If you have asked us to take over an existing scheme, please skip to section 2.

Number of employees

Is the company registered for tax with HMRC?  Yes  No

PAYE reference

VAT reference  (Please state if the business is not VAT registered)

Corporate Tax reference

## 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

Company registered number

Registered office

Postcode

Company address (if different from registered address)

Postcode

We only require the following information if this is a new SSAS. If you have asked us to take over an existing scheme, please skip to section 3.

Number of employees

Is the company registered for tax with HMRC?  Yes  No

PAYE reference

VAT reference  (Please state if the business is not VAT registered)

Corporate Tax reference

### 3. Financial adviser

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

Adviser name

Adviser firm

Address

Postcode

Telephone number

Fax number

Email 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)

This could be the appointed financial adviser, one of the member trustees, or a suitable individual at the Principal Employer.

Name

Address

Postcode

Telephone number

Fax number

Email address

## 5. Bank account

The main trustee bank account for the SSAS will be set up with Bank of Scotland unless you advise us that you wish to open it with another bank.

If you do wish to open a trustee bank account with a bank of your choosing, please provide contact details below.

Name

Address

Postcode

Telephone number

Fax number

Email address

Please note, it is a requirement that AJ Bell Trustees Limited is a co-signatory on a SSAS bank account at any bank. If you choose a bank other than Bank of Scotland, that bank may require us to provide a copy of the completed Trust Deed along with confirmation that the scheme is registered with HMRC before the account is opened. This may lead to a delay in the account being opened.

## 6. Scheme membership and trustees

Please detail the names of the members of the Scheme. 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)

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

Name

Address

Postcode

Telephone number

Fax number

Email address

Name

Address

Postcode

Telephone number

Fax number

Email address

Please note, we will not normally take over a Scheme that does not currently have a professional trustee.

## 7. 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 6 are either disqualified to act as a company director or are un-discharged bankrupt;
- all members named in section 6 will be appointed to act jointly with AJ Bell Trustees Limited as trustees and scheme administrator of the Scheme;
- AJ 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;
- AJ Bell Business Solutions Limited will be appointed as scheme practitioner to the Scheme and will carry out the services set out in the AJ 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;
- I understand that once established, the Scheme will be administered by the trustees in accordance with the Trust Deed and Rules; and
- we wish AJ Bell Business Solutions Limited to prepare the necessary documentation to establish the scheme. I/We understand that AJ Bell Business Solutions Limited will incur costs which will be charged on a time-cost basis if I/we subsequently decide not to proceed with the SSAS.

Name (in CAPITALS)

Date

Signature on behalf of the company

 Director/Secretary (delete as appropriate)

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

Employer's name

## 1. Personal details

Title

**Dr/Mr/Mrs/Miss/Ms/Other**

Surname

Forename(s)

Date of birth

Sex

**Male/Female**

National Insurance number

Unique tax reference number

 (This is quoted on your self-assessment tax return)

Marital status

**Married/Single/Divorced/Widowed/Civil partner**

Permanent residential address

Postcode

Resident at current address since

 **(insert date)**

If you have lived at your permanent residential address for less than three years, please provide your previous permanent residential address.

Previous permanent residential address

Postcode

## 2. Spouse's details

Title

Dr/Mr/Mrs/Miss/Ms/Other

Surname

Forename(s)

Date of birth

Sex

Male/Female

Permanent residential address

Postcode

## 3. Transfers

Are you going to transfer your benefits under one or more registered pension 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?

Cash

Number

Approximate value

£

In specie (transfer of existing assets)

Number

Approximate value

£

Is the transferring scheme a final salary pension scheme?

Yes

No

By transferring from a final salary pension, you will be giving up guarantees over the kind of benefits, the amount you will receive and the level of any increases that will be applied to your pension in the future. You must take regulated financial advice before transferring from most final salary pensions.

Note: transfers from other UK registered pension schemes can be paid into the scheme. We will only accept a transfer of assets (in specie) which are permitted investments for an AJ Bell Platinum SSAS (see member's guide available on request). Please send us details of the assets you wish to transfer.



## 4. Expression of wishes

You should complete this section to tell us who you wish to receive payments from your SSAS as your beneficiary in the event of your death.

The nomination below ensures that the widest possible range of people is eligible to receive payments as beneficiaries. Please read our expression of wishes guide for help with completing this section.

Please note that if you are unsure about the implications of making the nomination and related expression of wishes, or if you would like any advice about the effect of doing so, you should consult a financial adviser or other appropriately qualified professional.

### Nomination

In the event of my death, I nominate all individuals who are Eligible Benefits Recipients (as defined in the Scheme Trust Deed and Rules) as the persons to whom you should consider allocating any beneficiary payments from my SSAS.

### Expression of wishes

In the event of my death, my wishes are that you consider allocating any payments from my SSAS to my 'Eligible Benefits Recipients' as beneficiaries as follows:

Full name	<input type="text"/>						
Individual	<input type="checkbox"/>	or	Trust <input type="checkbox"/>	Relationship	<input type="text"/>	<input type="text"/>	%
Full name	<input type="text"/>						
Individual	<input type="checkbox"/>	or	Trust <input type="checkbox"/>	Relationship	<input type="text"/>	<input type="text"/>	%
Full name	<input type="text"/>						
Individual	<input type="checkbox"/>	or	Trust <input type="checkbox"/>	Relationship	<input type="text"/>	<input type="text"/>	%
Full name	<input type="text"/>						
Individual	<input type="checkbox"/>	or	Trust <input type="checkbox"/>	Relationship	<input type="text"/>	<input type="text"/>	%
<b>Total</b>							<b>100%</b>

Note: If you wish to nominate a trust to receive the payments payable to beneficiaries from your SSAS, please ensure you provide full details of the trust in the 'Full name' section e.g. The Trustees of the <Name of Trust> Trust I established on <date>.

If you wish to give further details then please complete the box below. Please leave the box blank if your wishes are stated in full above.

My wish is that you also consider the following:

## 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 privacy statement

We'll use the information you provide to check your identity – and the identity of anyone else who funds an investment made in your name – with credit reference and fraud prevention agencies. These agencies will record our checks and will make that record available so others are able to verify your identity.

So we can thoroughly check the available data, we verify your identity using scoring methods. If you supply false or inaccurate information and we suspect fraud, we'll inform the fraud prevention agencies.

If we can't verify your identity by electronic means, we may ask you for additional information.

Depending how the data has been processed, and subject to some exemptions, you have a number of legal rights about your personal information.

These include:

- to access personal information
- to rectify/erase personal information
- to restrict the processing of your personal information
- to transfer your personal information
- to object to the processing of your personal information
- to object to how we use your personal information for direct marketing purposes
- to obtain a copy of personal information safeguards used for transfers outside your jurisdiction

- to lodge a complaint with your local supervisory authority

To exercise these rights (or request details of the credit reference and fraud prevention agencies from which we obtain and record information about you), please contact us. For more details see our privacy policy on [ajbellplatinum.co.uk](http://ajbellplatinum.co.uk).

### 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 payments to beneficiaries after a member's death;
- 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 AJ Bell Trustees Limited's (AJBTL's) specific consent must be obtained before making:
  - i. loans to the Principal Employer, or any associated company;
  - ii. an investment in property or land of any nature including the granting of a lease (for the avoidance of doubt, overseas property or land will not be permitted);
  - 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 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 AJ 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 AJ Bell Business Solutions 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 AJ Bell Trustees Limited to notify HMRC that AJ Bell Business Solutions 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:

AJ Bell Platinum  
 4 Exchange Quay  
 Salford Quays  
 Manchester  
 M5 3EE

Telephone number: 0345 25 05 610  
 Fax: 0345 40 89 200

**FORM C - ADDITIONAL DIRECTORS:** to be completed by any Director of the Principal Employer who will not become a member.

Employer's name

## 1. Personal details

Title

**Dr/Mr/Mrs/Miss/Ms/Other**

Surname

Forename(s)

Date of birth

Sex

**Male/Female**

National Insurance number

Unique tax reference number

 (This is quoted on your self-assessment tax return)

Marital status

**Married/Single/Divorced/Widowed/Civil partner**

Permanent residential address

Postcode

Resident at current address since

 **(insert date)**

If you have lived at your permanent residential address for less than three years, please provide your previous permanent residential address.

Previous permanent residential address

Postcode

## 2. Declaration

### General declaration

I declare that the information provided in this application form is to the best of my knowledge and belief, correct and complete.

### Data privacy statement

We'll use the information you provide to register the pension scheme with Her Majesty's Revenue and Customs (HMRC).

Depending how the data has been processed, and subject to some exemptions, you have a number of legal rights about your personal information. These include:

- to access personal information
- to rectify/erase personal information
- to restrict the processing of your personal information
- to transfer your personal information
- to object to the processing of personal information
- to object to how we use your personal information for direct marketing purposes
- to obtain a copy of personal information safeguards used for transfers outside your jurisdiction
- to lodge a complaint with your local supervisory authority

To exercise these rights, please contact us. For more information, see our privacy policy on [ajbellplatinum.co.uk](http://ajbellplatinum.co.uk).

Signature

Date

Name

Signed in my capacity as a Director of the Principal Employer to the scheme.

Please sign and date this application and return it to:

AJ Bell Platinum  
4 Exchange Quay  
Salford Quays  
Manchester  
M5 3EE

Telephone number: 0345 25 05 610

Fax: 0345 40 89 200