

# THE IFGL SSAS NEW SCHEME APPLICATION FORM

## COMPANY INFORMATION

Company name:

Registered address:

Correspondence address (if different to the above):

Time at current address:

Previous address:

### Contact at Company

Name:  Tel:

Fax:  Email:

Company's registration number:

Date of incorporation:

Has the company been "dormant" within the last 12 months?  Yes  No

Nature of business:

Company's financial year end:

Corporation Unique Tax Reference:

PAYE Tax Reference:

## COMPANY INFORMATION (CONTINUED)

Is the company carrying out trade in the UK?  Yes  No

Is the company registered in the UK for tax purposes?  Yes  No

Number of employees:

Is the company registered for VAT?  Yes  No

VAT reference (if applicable):

### Name(s) of all Directors

Please complete an additional sheet if necessary. Please state: "See non-member Director information form" if a Director is not to become a member:

1.

2.

3.

4.

5.

6.

Company's Accountant:

Accountant's Address:

## PROPOSED SCHEME DETAILS

Proposed Scheme name:

Scheme correspondence address:

### Scheme contact (usually one of the members):

Scheme contact name:

Scheme contact email:

Scheme contact mobile number:

Scheme contact landline number:

## INITIAL INVESTMENT PROPOSALS

Please indicate below the reason for establishing the Scheme and your initial investment proposals.

Reason(s) for establishing a SSAS:

Initial investment proposals:

Please indicate how these investment proposals are to be funded (e.g. company contribution, transfer-in of other pension arrangements, commercial mortgage):

## PROPOSED SCHEME ACCOUNTANT DETAILS

Name of Accountancy Firm:

Name of contact and position (e.g. Director, Partner):

Accountant's Firm address:

Accountant's Firm telephone number:

Accountant's contact email:

Accountant's contact mobile number:

## PROPOSED SCHEME FINANCIAL ADVISER DETAILS

Name of Adviser Firm:

Adviser's Firm FCA Registration Number:

Adviser's name and position (e.g. Director, Partner):

Adviser's FCA Registration Number:

Adviser's Firm address:

Adviser's Firm telephone number:

Adviser's contact email:

Adviser's contact mobile number:

- On behalf of the Principal Employer we agree to IFG Pensions Limited and IFGL SSAS Trustees Limited establishing a SSAS on our behalf.
- We understand that there will be a charge for this work and any additional work associated with the establishment of the scheme.
- We confirm we are acting in accordance with the Memorandum and Articles of Association of the Company or Partnership Agreement.
- We agree to be bound by the Trust Deed and Rules of the Scheme and as amended from time to time.
- IFGL SSAS Trustees Limited and IFG Pensions Limited have been formally appointed as Professional Trustee and Administrator, respectively, to the scheme with immediate effect.
- We accept the IFG Pensions Limited fees (as amended from time to time) and that they will be invoiced as appropriate.

I confirm that the information provided is accurate to the best of my knowledge and belief. It is provided to IFG Pensions Limited on the understanding that it will be used as part of the establishment of a Small Self-Administered Scheme on our behalf. IFG Pensions Limited will not be held responsible or liable for use of any information within this form that may be proven to be inaccurate in future.

### Signed on behalf of the Employer:

Signed:

Name:

Position:

Date (dd/mm/yyyy):