

THE IFGL SSAS MEMBER APPLICATION FORM

PERSONAL DETAILS

Full name of Member:

Date of birth (dd/mm/yyyy): Date of joining the Company:

National Insurance Number: Unique Tax Reference Number ('UTR'):

Normal retirement age: Marital status:

Full name of spouse/partner:

Date of birth of spouse/partner:

Contributions made on their behalf this year and in the last three years to existing pension arrangements:

| | Company | Member |
|------------------|---------|--------|
| 5th April 20____ | | |

Has the Member's income for any of the above tax years been above £260,000? Yes No

Benefits

Are you currently in receipt of benefits? Yes No

Have you drawn Flexible Benefits from Any UK Registered Pension Scheme? Yes No

Do you intend to commence benefits immediately? Yes No

If yes, please complete a SSAS Benefit Election Form.

Employment details

If you are a family member but not employed by the Principal Employer you must seek their permission prior to joining. Confirmation of this permission should be provided to IFG Pensions Limited upon request.

Full name of Employer:

Date you joined employer (dd/mm/yyyy):

Are you a Director? Yes No

Date you became a Director (dd/mm/yyyy):

% of Company Ownership:

PERSONAL DETAILS (CONTINUED)

Member's residential address:

Time at address:

Previous address
(if less than three years):

Member's mobile telephone number:

Member's email:

NOMINATED BENEFICIARIES

1. Full name:

Relationship:

Date of birth (dd/mm/yyyy):

Telephone number:

Email:

Residential
address:

Total percentage of benefit:

%

2. Full name:

Relationship:

Date of birth (dd/mm/yyyy):

Telephone number:

Email:

Residential
address:

Total percentage of benefit:

%

3. Full name:

Relationship:

Date of birth (dd/mm/yyyy):

Telephone number:

Email:

Residential
address:

Total percentage of benefit:

%

NOMINATED BENEFICIARIES (CONTINUED)

4. Full name:

Relationship: Date of birth (dd/mm/yyyy):

Telephone number: Email:

Residential address:

Total percentage of benefit: %

Note: Please ensure the total of your nomination adds up to 100%
Please continue on a separate page if more beneficiaries are to be added.

LIFETIME ALLOWANCE PROTECTIONS

Please detail below any Lifetime Allowance protection that applies. Please provide protection reference numbers, Scheme Administration (look-up) reference, protection certificates (where applicable) and any correspondence on the subject of protection. Without sufficient supporting evidence we must assume there's no protection. Please continue on a separate sheet if necessary.

| Type | Tick if Applicable | Certificate Reference/ Protection Notification Number | Scheme Administrator Reference |
|----------------------------|--------------------|---|--------------------------------|
| Primary Protection | | | |
| Enhanced Protection | | | |
| Fixed Protection | | | |
| Fixed Protection 2014 | | | |
| Fixed Protection 2016 | | | |
| Individual Protection 2014 | | | |
| Individual Protection 2016 | | | |

Other protection

Please give details and include certificate numbers

DECLARATION IN ORDER TO ACT AS A TRUSTEE

This declaration is to be given by any person nominated to become a trustee and is to be given before the date on which they are appointed.

Have you:

1. Been convicted of any offence involving dishonesty or deception? Yes No
2. Been adjudged bankrupt or had sequestration of your estate awarded, and not been discharged? Yes No
3. Been the subject of a disqualification order made by The Pensions Regulator? Yes No
4. Entered into any voluntary arrangement with any creditors and not been discharged in respect of it. Yes No
5. Been subject to a disqualification order under the Company Directors Disqualification Act 1986? Yes No
6. Been subject to an order made under Section 429(2)(b) of the Insolvency Act 1986? Yes No

A person is disqualified from acting as a Trustee if the answer is YES to any of the above questions. A person who purports to act as a Trustee of the scheme while he or she is disqualified is guilty of an offence and liable on conviction to a fine, or imprisonment, or both.

If, subsequent to signing this form, you suspect or know that you have become disqualified to act as a Trustee, you should advise the other Trustees immediately. It will then be necessary for you to be removed as a Trustee from the scheme's governing documentation.

- 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 true, complete and correct.
- I accept that in order to comply with regulatory obligations, IFG Pensions Limited may need to verify my identity and residential address, and may use credit reference agency searches and ask for my documents to verify my identity and address.
- I understand that the main purpose of the Scheme must be the provision of retirement and death benefits.
- I agree to my appointment as a Trustee of the Scheme and understand that a trustee has general duties under 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.
- I understand that 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.
- 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/takeover 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:

Name:

Date (dd/mm/yyyy):