

SSAS TAKEOVER REQUEST FORM

IFGL PENSIONS SMALL SELF-ADMINISTERED SCHEME

SCHEME INFORMATION

Scheme name:

Scheme/Policy number:

HMRC Pension Scheme
Tax Reference
Number (PSTR):

ICO reference:

The Pensions
Regulator reference:

Is the SSAS VAT registered? Yes No

If yes please provide the VAT Registration Number:

Name of current Scheme
Administrator:

Contact name:

Contact address:

Email: Tel:

List of current Scheme Assets

Asset	Approx Value
1. <input type="text"/>	£ <input type="text"/>
2. <input type="text"/>	£ <input type="text"/>
3. <input type="text"/>	£ <input type="text"/>
4. <input type="text"/>	£ <input type="text"/>
5. <input type="text"/>	£ <input type="text"/>

SCHEME INFORMATION (CONTINUED)

Please detail the name of each member of the Scheme below. A SSAS Member Application form must be completed by each member.

Are all members trustees of the Scheme? Yes No If no, please contact us before proceeding.

Member's full name(s):

Member 1:

Member 2:

Member 3:

Member 4:

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: Email:

Contact name:

Signed:

Independent Financial Adviser to Scheme

Company name:

Address:

Postcode:

Tel: Email:

Regulated by:

Authorisation number:

PRINCIPAL EMPLOYER INFORMATION

Company name:

Registered address:

Correspondence address (if different to the above):

Contact at Company

Name: Tel:

Fax: Email:

Company's registration number:

Date of incorporation (dd/mm/yyyy):

Nature of business:

Company's financial year end (dd/mm/yyyy):

PAYE Tax Reference:

Corporate Unique Tax Reference:

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

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

Is the company VAT Registered? Yes No

If yes please provide the VAT Registration Number:

Company's Accountant:

Accountant's address:

If there is more than one employer linked with the scheme, please provide the details on a separate sheet and attach it to this form.

IFG Pensions Limited

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DECLARATION

- On behalf of the Members of the aforementioned scheme we agree to IFG Pensions Limited and IFGL SSAS 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 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.
- 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.

Member 1

Name:

Signature:

Date (dd/mm/yyyy):

Member 2

Name:

Signature:

Date (dd/mm/yyyy):

Member 3

Name:

Signature:

Date (dd/mm/yyyy):

Member 4

Name:

Signature:

Date (dd/mm/yyyy):