

DB SSAS

Our business friendly SSAS with Defined Benefit funding flexibility

Member Application Pack

This pack contains all of the forms that your client must complete and sign so that we can make them a member of a DB SSAS, get transfers underway and arrange investments.

Your gateway to a more efficient business model

The DB SSAS offers clear and distinctive advantages for UK company Directors and Member Trustees, even over our defined contribution SSAS, with its powerful defined benefit funding flexibility. DB SSAS provides the ultimate in control and flexibility of investments matched to the greater tax efficiency for your business of larger pension contributions and the wider scope of investment that these bring. Still coupled with the ability to use your fund to realise your business goals, this could be your ultimate team player.

Member Application for a DB SSAS

You should complete this application form if you wish to become a member of a DB SSAS. Before completing it, please read our Member Trustees Guide and we recommend that you take advice from your appointed Regulated Financial Adviser, to ensure this is the right product for you.

To avoid any delays in us processing your application, please ensure that you fully complete the form and read all notes in the notes column. Once fully completed, this form gives us all the details we need to admit you as a member of the SSAS. If you would like to discuss anything, please feel free to call us on 01249 280020; we're here to help.

**Member application
for a DB SSAS**

If you need assistance,
please call us:
01249 280020

1

Your details

Notes

For example ABC Limited SSAS.

Name of SSAS you wish to join

Your title

Mr Mrs Ms Miss Other

If 'Other' please state

First name(s)

Surname

Previous/other names

Date of birth

Male Female

Permanent residential address (including country)

Postcode

Date you moved to current address

Telephone Number

Mobile Number

Fax Number

Email Address



Please note: we will only ever use your email address to contact you about important information concerning your scheme and our service.

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Your details (continued)

Notes

Please provide details of your previous address if you have been living at your current address for less than 12 months.

Your previous residential address (including country)

Postcode

Date you moved to current address

National Insurance Number

Tick if you do not have a National Insurance Number

If you do not have a National Insurance Number, please explain why

Country of residence

Nationality

Do you have dual nationality?

Yes

No

If you have dual nationality, please confirm your other nationality



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2

Your employment details

Notes

If you are employed by more than one company that is to sponsor the SSAS, please print as many copies of this page as necessary to provide all of their details.

*Please provide us with certified ID (address and photographic) for Directors with a larger than 25% share

Your employer's name

Your employer's address

Postcode

Email

Date you joined the employer

Are you a Director of this company?

Yes No

Date you became a Director

% of company owned*

Approximate annual earnings for
the last tax year (up to 5 April)

£

Unique Taxpayer Reference Number (UTR)

Please provide your previous employer's address if you have only worked for your current employer for 12 months or less.

Your previous employer's name

Your previous employer's address

Postcode



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3

**Your spouse &
dependent details**

Notes
Please indicate your marital
status.

Please provide your spouse
or civil partner's full name.

Reason for dependence
should be completed in line
with the Key Features, i.e.
spouse, child under 23,
child with impairment.

Married Single Widowed Divorced

Registered civil partner Other

If 'Other' please state

Your spouse or civil partner's date of birth

Spouse or civil partner's name

Your spouse or civil partner's permanent residential address

Postcode

Have you got any dependents?

Name and address of dependent	Relationship to you	Reason for dependence	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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4

Contributions, Protection and Pension Sharing

Notes

If you are employed by more than one company that is to sponsor the SSAS, please print as many copies of this page as necessary to provide details of contributions to be paid by the employer and attach each page to the corresponding page 2 of this application for, each employer.

If a member has been granted Enhanced, Fixed protection or a third type of protection called Individual Protection, the protection will be lost if a contribution is paid into the SSAS on their behalf or personally.

The Principal Employer should seek advice from its accountant before a contribution payment is made.

Members should seek independent advice from their adviser before a contribution payment is made.

If you have Protection in place that comes with a certificate from HM Revenue and Customs (HMRC), we will need sight of this for our records. Please tick this box to confirm that you have included a copy of the certificate with this application.

Any other form of protection comes with a reference number and we need you to confirm what this is.

As we will need sight of this for our records, please tick this box to confirm that you have included a copy of the certificate with this application.

Initial employer contribution to be paid on your behalf when you join the SSAS
(£)

Initial Member contribution you wish to pay when you join the SSAS (if any)
(£)

Ongoing regular employer contributions to be paid on your behalf
(£)

Ongoing regular member contributions you wish to pay (if any)
(£)

Do you have Protection in place for existing pension arrangements?
Yes No

If 'Yes', please select one of the following:

Enhanced Protection	<input type="checkbox"/>
Lump Sum Protection	<input type="checkbox"/>
Primary Protection	<input type="checkbox"/>
Individual Protection	<input type="checkbox"/>
Fixed Protection	<input type="checkbox"/>
Enhanced Lifetime Allowance (International)	<input type="checkbox"/>
Protected pension age	<input type="checkbox"/>

Is there a Pension Sharing or pension earmarking order in place for existing pension arrangements?
Yes No

Please provide details of each arrangement that the Pension Sharing or pension earmarking order affects



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5

Existing pensions
& Group Life
Assurance

Notes

Please complete this section to provide us with the details of any existing pension arrangement(s).

It is very important that we are made aware of all existing pension arrangements, even if they are not transferring to us, as well as any Registered Life Assurance policies you have. This information will be used when completing a Lifetime Allowance calculation.

If you have more than two existing pension arrangements or more than one existing Life Assurance Scheme, please copy this page and complete accordingly.

If you wish to transfer any of your pension arrangements into your SSAS, please complete a Transfer in Application for each transferring scheme.

Name of other pension arrangement

Policy/reference number

Type of pension scheme

Approximate Valuation

Scheme provider/Administrator name

Do you wish to transfer this pension arrangement into your SSAS?

Yes No

Name of other pension arrangement

Policy/reference number

Type of pension scheme

Approximate Valuation

Scheme provider/Administrator name

Do you wish to transfer this pension arrangement into your SSAS?

Yes No

Do you have an existing Registered Life Assurance scheme?

Yes No

Name of scheme

Policy/reference number

Type of pension scheme

Scheme provider/Administrator name



6

Declaration (important – please read)

1.0) Application

- 1.1) I apply to the Pension Solutions Group Limited to join the (“the SSAS”);
- 1.2) I hereby make the following declarations in respect of my Member application for a SSAS, and I confirm I have read and understood the DB SSAS Member Trustees Guide document and notes in this application, PSG's DB SSAS Terms and Conditions document and acknowledge and accept that my application to become a member of the SSAS is subject to the provisions of the SSAS contained in the DB SSAS Trust Deed;
- 1.3) I confirm that, to the best of my knowledge and belief, the particulars given on this Application are correct and complete.

2.0) Correspondence

- 2.1) I understand that The Pension Solutions Group Limited will normally correspond with the Chairperson. I understand that you will always correspond directly with me when dealing with pension transfers.

3.0) Documents received

- 3.1) I confirm I have received and read, because I have either received it directly or via my Regulated Financial Adviser or Intermediary, the following documents:
- DB SSAS Member Trustees Guide;
 - DB SSAS Services and Fees;
 - DB SSAS Service Standards;
 - DB SSAS Terms & Conditions;
 - TPSG Privacy Statement;
 - A copy of the banking partner's Terms and Conditions.

4.0) Actuary

- 4.1) I acknowledge that PSG and the Trustees of the SSAS have or will appoint an actuary to the SSAS and that in applying to join the SSAS, PSG and the appointed actuary will work together to establish the funding basis of the SSAS both initially and on an ongoing basis, which will determine the funding basis for the benefits I will be entitled to as a Member of the Scheme.



Declaration (continued)

Acceptance and Declaration

I understand it is a serious offence to make false statements and that the penalties are severe and could lead to prosecution.

I acknowledge and accept the terms of this Application and I understand that the services provided under it do not extend to financial advice under the terms of the Financial Services and Markets Act 2000.

This declaration is hereby made by me.

Applicant's signature

Date

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7

Check list

My adviser encloses the following:

<p>One copy of photo ID such as passport or driving licence certified by your adviser. <input type="checkbox"/></p>	<p>If contributions are being paid by an employer/ employers, one Corporate Verification Certificate (CVC) for each employer signed by your adviser. <input type="checkbox"/></p>
<p>A copy of two documents bearing confirmation of your private residential address such as utility bills or bank statements certified by your adviser. These should be no more than three months old. <input type="checkbox"/></p>	<p>One CVC for each third party making contributions on your behalf. <input type="checkbox"/></p>

Please note that although the request for photo and address ID may appear superfluous, we cannot always legislate for the requirements of banks or certain investment providers, who may request additional documentation that could result in delays in setting up the SSAS bank account. We are trying to ensure that no such delays occur.