

## Small Self Administered Scheme (SSAS) Employer Application

You should read the Product Overview, Key Features Document, Fee Schedule and the SSAS Trust Deed & Scheme Rules prior to completing the application.

This application should be completed in full using CAPITALS. Boxes should be ticked.

Please return the completed application, identify verification documents and other relevant information to:

**Carey Pensions UK LLP**

1st Floor, Lakeside House, Shirwell Crescent, Furzton Lake, Milton Keynes MK4 1GA

### I. SSAS details

|                |                   |                          |  |
|----------------|-------------------|--------------------------|--|
| Name of scheme | Number of members |                          |  |
|                |                   |                          |  |
| Type of Scheme | SSAS              | <input type="checkbox"/> | Defined Benefit (DB) SSAS <input type="checkbox"/> |

Is this a SSAS takeover?

Yes  No

If this is not a takeover, please go to **Section 2 Employer details**. For SSAS takeovers, please complete the following:

|                                 |  |                                |
|---------------------------------|--|--------------------------------|
| HMRC Registration Number (PSTR) | The Pensions Regulator (TPR) reference | Scheme administrator ID (HMRC) |
|                                 |  |                                |

Current General Trustee/  
Independent Trustee name

Current Administrator/  
Practitioner name

Please confirm whether

Administrator

or Practitioner

Address

  


Postcode

Telephone

Landline

Mobile

Facsimile

Email

Details of existing assets if takeover *(please provide copies of any documents for the assets below)*

| Asset | Reference/Policy number | Estimated value £ |
|-------|-------------------------|-------------------|
|       |                         |                   |
|       |                         |                   |
|       |                         |                   |
|       |                         |                   |
|       |                         |                   |

Details of fund allocation between the existing members

|                 |  |
|-----------------|--|
| Member 1 amount |  |
| Member 2 amount |  |
| Member 3 amount |  |
| Member 3 amount |  |
| Member 4 amount |  |
| Member 6 amount |  |

|                  |  |
|------------------|--|
| Member 7 amount  |  |
| Member 8 amount  |  |
| Member 9 amount  |  |
| Member 10 amount |  |
| Member 11 amount |  |

## 2. Employer details

### ► Principal employer

Company name  
 Contact person at principal employer  
 Correspondence/Trading address  
 Telephone  
 Facsimile  
 Email  
 Nature of business  
 Company registration number  
 Accounting year end

|          |  |        |
|----------|--|--------|
|          |  |        |
|          |  |        |
|          |  |        |
|          |  |        |
|          |  |        |
|          |  |        |
| Postcode |  |        |
| Landline |  | Mobile |
|          |  |        |
|          |  |        |
|          |  |        |
|          |  |        |
|          |  |        |
|          |  |        |
|          |  |        |

Registered office address  
*(if different to above)*

Telephone  
 Facsimile  
 Email

|          |  |        |
|----------|--|--------|
|          |  |        |
|          |  |        |
|          |  |        |
|          |  |        |
| Postcode |  |        |
| Landline |  | Mobile |
|          |  |        |
|          |  |        |
|          |  |        |

Principle reason for establishment of scheme

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

## 2. Employer details (continued)

### ► Participating employer

|  |          |  |        |
|--|----------|--|--------|
| Company name                             |          |  |        |
| Contact person at participating employer |          |  |        |
| Correspondence/Trading address           |          |  |        |
|  |          |  |        |
|  |          |  |        |
|  | Postcode |  |        |
| Telephone                                | Landline |  | Mobile |
| Facsimile                                |          |  |        |
| Email                                    |          |  |        |
| Nature of business                       |          |  |        |
| Company registration number              |          |  |        |
| Accounting year end                      |          |  |        |

|  |          |  |        |
|--|----------|--|--------|
| Company name                             |          |  |        |
| Contact person at participating employer |          |  |        |
| Correspondence/Trading address           |          |  |        |
|  |          |  |        |
|  |          |  |        |
|  | Postcode |  |        |
| Telephone                                | Landline |  | Mobile |
| Facsimile                                |          |  |        |
| Email                                    |          |  |        |
| Nature of business                       |          |  |        |
| Company registration number              |          |  |        |
| Accounting year end                      |          |  |        |

### 3. Employer advisers

► **Accountant**

|              |          |  |        |
|--------------|----------|--|--------|
| Company name |          |  |        |
| Contact name |          |  |        |
| Address      |          |  |        |
|              |          |  |        |
|              |          |  |        |
|              | Postcode |  |        |
| Telephone    | Landline |  | Mobile |
| Facsimile    |          |  |        |
| Email        |          |  |        |

► **Professional Financial Adviser**

|                          |          |  |        |
|--------------------------|----------|--|--------|
| Company name             |          |  |        |
| Contact name             |          |  |        |
| Address                  |          |  |        |
|                          |          |  |        |
|                          |          |  |        |
|                          | Postcode |  |        |
| Telephone                | Landline |  | Mobile |
| Facsimile                |          |  |        |
| Email                    |          |  |        |
| FCA authorisation number |          |  |        |

► **Other adviser**

|              |          |  |        |
|--------------|----------|--|--------|
| Company name |          |  |        |
| Contact name |          |  |        |
| Address      |          |  |        |
|              |          |  |        |
|              |          |  |        |
|              | Postcode |  |        |
| Telephone    | Landline |  | Mobile |
| Facsimile    |          |  |        |
| Email        |          |  |        |
| Business     |          |  |        |

Please add additional pages if relevant

#### 4. Employer contributions *(Please duplicate this page if there are more than four Members)*

The Employer will pay contributions as employer contributions. Any Member contributions are deducted from the Member's 'gross pay' in the tax year the contribution is made, and the employer is able to operate 'PAYE' on the net amount giving full relief at the Member's marginal tax rate.

|   |       |                   |        |   |           |   |   |   |          |   |  |  |
|---|-------|-------------------|--------|---|-----------|---|---|---|----------|---|--|--|
| Member name   |       |                   |        |   |           |   |   |   |          |   |  |  |
| Regular contribution  | £     | Commencement date | D      | D | M         | M | Y | Y | Y        | Y |  |  |
| Frequency of regular contribution                             |       | Monthly           |        |   | Quarterly |   |   |   | Annually |   |  |  |
| Is this contribution made up of an employer and Member split? |       |                   |        |   | Yes       |   |   |   | No       |   |  |  |
| If YES please detail the split                                | Total | Employer          | Member |   |           |   |   |   |          |   |  |  |
|   | £     | £                 | £      |   |           |   |   |   |          |   |  |  |

|   |       |                   |        |   |           |   |   |   |          |   |  |  |
|---|-------|-------------------|--------|---|-----------|---|---|---|----------|---|--|--|
| Member name   |       |                   |        |   |           |   |   |   |          |   |  |  |
| Regular contribution  | £     | Commencement date | D      | D | M         | M | Y | Y | Y        | Y |  |  |
| Frequency of regular contribution                             |       | Monthly           |        |   | Quarterly |   |   |   | Annually |   |  |  |
| Is this contribution made up of an employer and Member split? |       |                   |        |   | Yes       |   |   |   | No       |   |  |  |
| If YES please detail the split                                | Total | Employer          | Member |   |           |   |   |   |          |   |  |  |
|   | £     | £                 | £      |   |           |   |   |   |          |   |  |  |

|   |       |                   |        |   |           |   |   |   |          |   |  |  |
|---|-------|-------------------|--------|---|-----------|---|---|---|----------|---|--|--|
| Member name   |       |                   |        |   |           |   |   |   |          |   |  |  |
| Regular contribution  | £     | Commencement date | D      | D | M         | M | Y | Y | Y        | Y |  |  |
| Frequency of regular contribution                             |       | Monthly           |        |   | Quarterly |   |   |   | Annually |   |  |  |
| Is this contribution made up of an employer and Member split? |       |                   |        |   | Yes       |   |   |   | No       |   |  |  |
| If YES please detail the split                                | Total | Employer          | Member |   |           |   |   |   |          |   |  |  |
|   | £     | £                 | £      |   |           |   |   |   |          |   |  |  |

|   |       |                   |        |   |           |   |   |   |          |   |  |  |
|---|-------|-------------------|--------|---|-----------|---|---|---|----------|---|--|--|
| Member name   |       |                   |        |   |           |   |   |   |          |   |  |  |
| Regular contribution  | £     | Commencement date | D      | D | M         | M | Y | Y | Y        | Y |  |  |
| Frequency of regular contribution                             |       | Monthly           |        |   | Quarterly |   |   |   | Annually |   |  |  |
| Is this contribution made up of an employer and Member split? |       |                   |        |   | Yes       |   |   |   | No       |   |  |  |
| If YES please detail the split                                | Total | Employer          | Member |   |           |   |   |   |          |   |  |  |
|   | £     | £                 | £      |   |           |   |   |   |          |   |  |  |

### 5. Annual allowance/pension input periods

Each pension input period under the SSAS commences on the first day a contribution is made to the SSAS and ends on the following 5 April. Subsequent pension input periods run from 6 April to 5 April each year.

If you require a different pension input period please confirm the date you wish the period to end

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

### 6. Scheme year end

Please note the scheme year end will be set-up as the same date as the Principal Employer's accounting year end, unless otherwise specified by the Trustees.

### 7. Trustees

The General/Independent Trustee of the SSAS will be Carey Pension Trustees UK Ltd.  
Each member will become a Member Trustee.  
Each member will need to complete a Member Application.

Please detail below the name of each Member Trustee and indicate any Member Trustees appointed to agree and sign documents on behalf of all Member Trustees (this must be a minimum of two)

|           | Authorised Member Trustee |
|-----------|---------------------------|
| Full name |                           |
| Full name |                           |
| Full name |                           |
| Full name |                           |
| Full name |                           |
| Full name |                           |
| Full name |                           |
| Full name |                           |
| Full name |                           |
| Full name |                           |
| Full name |                           |
| Full name |                           |

### 8. Data Protection Act 1998

- ▶ All the information you provide to us, or a third party provides to us, in connection with your plan will be held by Carey Pensions UK LLP 'The Administrator' and Carey Pension Trustees UK Ltd 'The General Trustee' under the Data Protection Act 1998 ('The Act').
- ▶ Carey Pensions UK LLP will use the information provided to us for setting up, processing and administering your SSAS.
- ▶ Carey Pensions UK LLP may obtain from or pass to, the trustees, administrators, investment houses, your nominated financial advisers or insurers of any pension schemes of which you are a member, any information where it is necessary for the proper performance of our obligations under the plan. We may also disclose information where required to do so to legal and regulatory bodies.
- ▶ If you supply false or inaccurate information it is a serious offence and could terminate your pension plan and may lead to prosecution.
- ▶ You have a legal right to access any information that we hold on record about you. We will require this request in writing and this may incur a charge.

#### Signed for and on behalf of the employer

|        |  |          |  |  |  |      |   |   |   |   |   |   |   |
|--------|--|----------|--|--|--|------|---|---|---|---|---|---|---|
| Name   |  | Position |  |  |  |      |   |   |   |   |   |   |   |
|        |  |          |  |  |  |      |   |   |   |   |   |   |   |
| Signed |  |          |  |  |  | Date |   |   |   |   |   |   |   |
|        |  |          |  |  |  | D    | D | M | M | Y | Y | Y | Y |

|        |  |          |  |  |  |      |   |   |   |   |   |   |   |
|--------|--|----------|--|--|--|------|---|---|---|---|---|---|---|
| Name   |  | Position |  |  |  |      |   |   |   |   |   |   |   |
|        |  |          |  |  |  |      |   |   |   |   |   |   |   |
| Signed |  |          |  |  |  | Date |   |   |   |   |   |   |   |
|        |  |          |  |  |  | D    | D | M | M | Y | Y | Y | Y |

## 9. Declaration

As the principal employer and provider of the Scheme, we declare that:

- ▶ The information contained in this application has been completed and is true and correct to the best of our knowledge and belief;
- ▶ All Member Trustees as noted will act together with Carey Pension Trustees UK Ltd;
- ▶ We agree to be bound by the Trust Deed & Rules to the Scheme;
- ▶ No appointed Member Trustee has been disqualified to act as a company director, nor as a trustee of a pension scheme, nor are they an undischarged bankrupt;
- ▶ We confirm that we had the opportunity to read and consider the Product Overview documents, the Trust Deed & Rules and agree to abide by them;
- ▶ We agree to a scheme bank account being established and agree that all monies will be routed through this account;
- ▶ We agree to retain the required minimum balance on the scheme bank account;
- ▶ We give our authority to accept correspondence by fax and email from Carey Pensions UK LLP and for Carey Pension Trustees UK Ltd to accept instructions by facsimile and email from us, our Professional Financial Adviser and other adviser as appointed from time to time;
- ▶ We agree to notify Carey Pensions UK LLP of any change to our details or circumstances immediately;
- ▶ We hereby consent to Carey Pensions UK LLP obtaining details from our previous SSAS Administrator in respect of any SSAS takeover;
- ▶ We undertake to pay all fees due to the Scheme Administrator and/or Professional Financial Adviser and for these to be deducted from the scheme funds on the due date;
- ▶ We confirm that we will not claim tax relief on contributions where these are in excess of the allowable limits;
- ▶ We confirm that if we intend making excess contributions that will not benefit from tax relief we will inform Carey Pension Trustees UK Ltd in writing prior to making the contribution;
- ▶ We understand that Carey Pensions UK LLP will in normal circumstances, send a copy of correspondence to our Professional Financial Adviser unless we instruct otherwise;
- ▶ We indemnify Carey Pensions UK LLP 'The Administrator' and Carey Pension Trustees UK Ltd against any claim connected to any decision made by us and/or our Professional Financial Adviser/Investment Manager or any other professional adviser we choose to appoint from time to time;
- ▶ We confirm that we are responsible together with Member Trustees for ensuring funds are available to meet Scheme fees and expenses on the due date. If fees are not paid within 28 days of the due date, we understand that steps will be taken to recover the debt and we will be responsible for payment of any costs associated with that recovery;
- ▶ We authorise Carey Pensions UK LLP and/or Carey Pension Trustees UK Ltd to realise investments under the Scheme to settle any fees, costs, charges due and payable if we and/or our Professional Financial Adviser fail to provide timely and adequate instructions.;
- ▶ We understand that Carey Pensions UK LLP and Carey Pension Trustees UK Ltd are not able to provide, and do not provide any advice; and
- ▶ We confirm that Carey Pensions UK LLP and Carey Pension Trustees UK Ltd act on an Execution Only basis.

### Signed for and on behalf of the employer

|        |   |   |   |   |   |   |   |   |   |
|--------|---|---|---|---|---|---|---|---|---|
| Name   | Position  |   |   |   |   |   |   |   |   |
|        |   |   |   |   |   |   |   |   |   |
| Signed | Date  |   |   |   |   |   |   |   |   |
|        | <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> | D | D | M | M | Y | Y | Y | Y |
| D      | D   | M | M | Y | Y | Y | Y |   |   |

|        |   |   |   |   |   |   |   |   |   |
|--------|---|---|---|---|---|---|---|---|---|
| Name   | Position  |   |   |   |   |   |   |   |   |
|        |   |   |   |   |   |   |   |   |   |
| Signed | Date  |   |   |   |   |   |   |   |   |
|        | <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> | D | D | M | M | Y | Y | Y | Y |
| D      | D   | M | M | Y | Y | Y | Y |   |   |