

Small Self Administered Scheme (SSAS) Member 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 form to:

Carey Pensions UK LLP

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

I. Personal details

Name of scheme									
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>						
	Dr <input type="checkbox"/>	Other <input type="checkbox"/>							
Surname									
Forenames									
Permanent residential address									
Telephone	Postcode								
	Landline		Mobile						
	Office hours								
Email									
Date of birth	D	D	M	M	Y	Y	Y	Y	
National Insurance Number								or I do not have a National Insurance Number	<input type="checkbox"/>
Nationality									
Status (please tick)	Single <input type="checkbox"/>	Married/Civil partnership <input type="checkbox"/>	Partnered <input type="checkbox"/>	Other <input type="checkbox"/>					
Spouse/Partner name (if applicable)									
Spouse/Partner date of birth	D	D	M	M	Y	Y	Y	Y	

2. Occupation & Eligibility

Occupation		
Approximate annual earnings		£
Employer		
Employer contact name		
Employer address		
Postcode		
Telephone		
Email		
If you are a Director please indicate share of company owned		%

3. Pension protection

Please complete if you have registered with HMRC to protect any pension funds built up prior to April 2006 or prior to April 2014. If you have so registered please provide a certified copy of the Protection Certificate with this application.

Do you have any pension protections?

 Yes

 No

If you have Enhanced protection or Fixed protection and make a contribution into your SIPP, that protection will be lost which may result in a tax liability. You must speak to your Professional Financial Adviser to obtain advice.

4. Taking benefits (Retirement)

Carey Pensions UK LLP's SSAS is established with a default retirement age of 75 years. If you wish to select an alternative retirement age please complete the boxes below.

Selected retirement age		Selected retirement date	D	D	M	M	Y	Y	Y	Y
-------------------------	--	--------------------------	---	---	---	---	---	---	---	---

If you intend taking benefits from your SSAS immediately from establishment and once monies have been received please indicate by ticking the box and the required documentation will be issued to you.

5. Contributions

The employer will pay contributions as employer contributions. If you wish to make Member contributions these will be deducted from your 'gross pay' in the tax year the contribution is made, and your employer will operate 'PAYE' on the net amount giving full relief at your marginal tax rate.

6. Transfers

Please complete the following pages if you have existing benefits with other providers, that may be transferred into the scheme (In the case of a SSAS takeover this will be dealt with by the employer application).

Name of transferring Scheme/Provider/Company			
Address			
	Postcode		
Policy/Scheme number			
Approximate value	£		
Type of scheme	Occupational scheme	<input type="checkbox"/>	Personal Pension scheme
Type of transfer	Cash	<input type="checkbox"/>	In-specie transfer
		<input type="checkbox"/>	<input type="checkbox"/>

► In-specie transfer details

Name/Description of Asset	Reference (if any)	Estimated Value £

► Benefits

Are you currently taking benefits from the policy?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, what is the estimated value of the fund from which benefits are being taken

£	
---	--

► Discharge forms

Have you already requested discharge forms?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

We will write to your existing provider/company to initiate the transfer of your policy(ies) and request discharge forms. However, if you already have discharge forms please complete, sign and submit with this application.

► Advice

Have you taken advice on the transfer of this policy?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide details below

Name of Professional Financial Adviser			
Name of adviser firm			
FCA authorisation number			
Address			
	Postcode		

Transfers *(Add further copies of this page as required)*

Please complete the following pages if you have existing benefits with other providers, that may be transferred into the scheme (In the case of a SSAS takeover this will be dealt with by the Employer application).

Name of transferring Scheme/Provider/Company			
Address			
	Postcode		
Policy/Scheme number			
Approximate value	£		
Type of scheme	Occupational scheme	<input type="checkbox"/>	Personal Pension scheme <input type="checkbox"/>
	Type of transfer	Cash <input type="checkbox"/>	In-specie transfer <input type="checkbox"/>

► In-specie transfer details

Name/Description of Asset	Reference (if any)	Estimated Value £

► Benefits

Are you currently taking benefits from the Policy?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, what is the estimated value of the fund from which benefits are being taken?

£	<input type="text"/>
---	----------------------

► Discharge forms

Have you already requested discharge forms?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

We will write to your existing provider/company to initiate the transfer of your policy(ies) and request discharge forms. However, if you already have discharge forms please complete, sign and submit with this application.

► Advice

Have you taken advice on the transfer of this policy?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide details below

Name of Professional Financial Adviser			
Name of adviser firm			
FCA authorisation number			
Address			
	Postcode		

7. Investments

Your investment choices are the sole responsibility of you and/or your Professional Financial Adviser/Investment Manager.

Your investment choices are the sole responsibility of you and/or your Professional Financial Adviser/Investment Manager. Carey Pensions UK LLP and Carey Pension Trustees UK Ltd will not at any time review your and/or your Investment Manager's risk strategies and have no involvement in your investment choices and selection and do not give advice on the suitability of your investment choices. However, Carey Pensions UK LLP and Carey Pension Trustees UK Ltd may refuse an investment, which in their opinion may give rise to a tax charge, is unlawful, impracticable, contrary to legislation, or could give rise to liabilities which your fund may not be able to meet. We would always recommend independent advice be obtained from a suitably qualified adviser.

Do you wish to appoint an Investment Manager?

Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>

No	<input type="checkbox"/>
No	<input type="checkbox"/>
No	<input type="checkbox"/>

Is your Investment Manager also your Professional Financial Adviser?

If your Investment Manager is not your Professional Financial Adviser do you wish us and them to accept instructions from your Professional Financial Adviser on any investment matter?

Name of Investment Manager
(if not your Professional Financial Adviser)

Address

Postcode		
Telephone	Landline	Mobile
Facsimile		
Email		
FCA authorisation number		

► Type of investment authorisation

- | | | |
|----------------|---|--------------------------|
| EXECUTION ONLY | Investment Manager trades on your/your Professional Financial Adviser instructions only | <input type="checkbox"/> |
| ADVISORY | Investment Manager provides advice upon which you/your Professional Financial Adviser may act | <input type="checkbox"/> |
| DISCRETIONARY | Investment Manager manages your pension funds and reports on investments made | <input type="checkbox"/> |

► Amount of investment

How much of your Fund is to be invested with/by this Manager
(This excludes the required minimum to be held on the SSAS bank account)

£	
Yes	<input type="checkbox"/>

%	
No	<input type="checkbox"/>

Do you wish all future contributions and transfers to be invested with this Investment Manager?

8. Professional Financial Adviser agreement

Name of Professional Financial Adviser			
Company			
Address			
	Postcode		
Telephone	Landline	Mobile	
Email			
FCA authorisation number			

► **Correspondence** *(please tick one option)*

All correspondence direct to Member (you) with copies to Professional Financial Adviser

All correspondence to Member (you) only

► **Professional Financial Adviser charges**

Do you wish the Professional Financial Adviser charges to be paid from the SSAS?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

If YES, please state the amount for **Initial** charges

£	<input type="text"/>
---	----------------------

%	<input type="text"/>
---	----------------------

If YES please state the amount for **Ongoing** charges

£	<input type="text"/>
---	----------------------

%	<input type="text"/>
---	----------------------

Frequency of **Ongoing** charges

Monthly	<input type="checkbox"/>
---------	--------------------------

Quarterly	<input type="checkbox"/>
-----------	--------------------------

Half Yearly	<input type="checkbox"/>
-------------	--------------------------

Annually	<input type="checkbox"/>
----------	--------------------------

If charges are based on a percentage is this a percentage of the total value of your SSAS?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
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If NO, please specify

By signing this form both the Member and the Professional Financial Adviser agree that Carey Pensions UK LLP will pay charges to the Professional Financial Adviser as instructed on this form without further recourse to you, the Member, unless and until you advise otherwise in writing.

VAT Registered Advisers will need to provide a VAT Invoice for payment of charges.

Signed By Member/Applicant	Date								
	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Signed by Professional Financial Adviser	Date								
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D	D	M	M	Y	Y	Y	Y		

9. Verification of identity certificate

To be completed by an FCA regulated or EU regulated introducer.

This certificate must be completed and signed by an officer of the regulated introducer firm, who is authorised to confirm the accuracy and effectiveness of the firm's customer identification verification records, to which this certificate relates. We cannot accept photocopies of completed certificates.

► **Client details**

Title	Mr		Mrs		Ms		Dr		Other	
Surname										
Forenames										
Permanent residential address										
Postcode										
Date of birth	D	D	M	M	Y	Y	Y	Y		
Gender (please tick)	Male		Female							

► Previous address if client moved within last 3 years

Permanent residential address										
Postcode										

I/we certify that:

A	The information above was obtained by me/us in relation to the client;	<input type="checkbox"/>
B	The evidence I/We have obtained to verify the identity of the client	<input type="checkbox"/>
	► Meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG;	<input type="checkbox"/>
	OR	
	► Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)	<input type="checkbox"/>

(Tick one only)

Full name of regulated firm											
Name of authorised officer		Position									
FCA registration number											
Signed by FCA/EU regulated introducer		Date									
		D D M M Y Y Y Y									

10. Nomination of beneficiaries *(Expression of Wishes)*

This Expression of Wishes is not a binding instruction but allows the Trustees to consider to whom payments of any death benefit should be made. The Trustees have discretion and will instruct the administrators Carey Pensions UK LLP to whom to pay the benefit. The Expression of Wishes can be changed at any time by providing new instructions in writing to Carey Pensions UK LLP.

Member name

► **Beneficiary / Nominee 1**

Name										
Address										
Relationship to you										
Date of birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; text-align: center;">D</td> <td style="border: 1px solid black; width: 25px; text-align: center;">D</td> <td style="border: 1px solid black; width: 25px; text-align: center;">M</td> <td style="border: 1px solid black; width: 25px; text-align: center;">M</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px;"></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y			
Amount or percentage of fund	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 50%; text-align: center;">£</td> <td style="border: 1px solid black; width: 50%; text-align: center;">%</td> </tr> </table>	£	%							
£	%									

► **Beneficiary / Nominee 2**

Name										
Address										
Relationship to you										
Date of birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; text-align: center;">D</td> <td style="border: 1px solid black; width: 25px; text-align: center;">D</td> <td style="border: 1px solid black; width: 25px; text-align: center;">M</td> <td style="border: 1px solid black; width: 25px; text-align: center;">M</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px;"></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
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£	%									

► **Beneficiary / Nominee 3**

Name										
Address										
Relationship to you										
Date of birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; text-align: center;">D</td> <td style="border: 1px solid black; width: 25px; text-align: center;">D</td> <td style="border: 1px solid black; width: 25px; text-align: center;">M</td> <td style="border: 1px solid black; width: 25px; text-align: center;">M</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px;"></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y			
Amount or percentage of fund	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 50%; text-align: center;">£</td> <td style="border: 1px solid black; width: 50%; text-align: center;">%</td> </tr> </table>	£	%							
£	%									

IMPORTANT NOTE: A beneficiary/nominee may take either a Death Benefit Lump Sum or income if they wish. The payment is taxed depending on the member's age at date of death. If the member is under 75 years old when they die, benefits are paid tax free, however a 45% tax charge is levied on the benefits if the member is over 75 years old when they die up until 5th April 2016, and thereafter at the beneficiary's / nominee's marginal tax rate. This is subject to the benefits being paid out within 2 years of the date Carey Pensions UK LLP are notified of the death.

11. 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.

Member name									
Signed	Date								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Witness name									
Signed	Date								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Witness address

Postcode	

12. Payment of scheme fees

Scheme fees will be paid from the SSAS bank account.

If there are insufficient funds in the SSAS bank account, fees will be deducted from investments as per instructions given on the SSAS Employer Application.

13. Declaration

- ▶ I hereby apply for membership of the Small Self Administered Scheme that is being established;
- ▶ I agree to be bound by the Trust Deed & Rules of the SSAS;
- ▶ I confirm that I have had the opportunity to consider the relevant Product Overview documents, Terms & Conditions, and all aspects of the application;
- ▶ I confirm that I am not an undischarged bankrupt and have not been disqualified from acting as a company director;
- ▶ I confirm that all of the details provided are true and complete to the best of my knowledge and belief;
- ▶ I agree that if I have an individual bank account, all monies will be routed through the main SSAS bank account in the first instance;
- ▶ I agree to retain the required minimum balance on the scheme bank account;
- ▶ I give my 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 myself, my Professional Financial Adviser and the Employer from the email addresses detailed in the application;
- ▶ I agree to notify Carey Pensions UK LLP of any change to my personal details or circumstances;
- ▶ I hereby consent to Carey Pensions UK LLP requesting the transfer of my policies listed in the application form;
- ▶ I hereby consent to Carey Pensions UK LLP obtaining details from any pension scheme, arrangement or contract of which I have been a member and authorise the giving of any such information to Carey Pensions UK LLP;
- ▶ I 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;
- ▶ I understand that contributions will be paid by the Employer and the Scheme will not claim any tax relief;
- ▶ I understand that Carey Pensions UK LLP will in normal circumstances, send correspondence to my Professional Financial Adviser unless I have stated otherwise;
- ▶ I confirm that I wish for Carey Pensions UK LLP to appoint the Investment Manager as detailed in the application form;
- ▶ I understand that it is my responsibility to make decisions relating to the purchase, retention or sale of any investments held within the SSAS;
- ▶ I agree to indemnify Carey Pensions UK LLP 'The Administrator' and Carey Pension Trustees UK Ltd against any claim in respect of any decision made by myself and/or my Professional Financial Adviser/ Investment Manager or any other professional adviser I choose to appoint from time to time;
- ▶ I understand there will be no earmarking of any assets to particular benefits or members under the SSAS;
- ▶ I understand that I am not permitted to be paid from the SSAS funds until my retirement or until such time of my death, or in the case of a serious ill health claim;
- ▶ I confirm that I am responsible for ensuring funds are available to meet SSAS fees and expenses on the due date. If fees are not paid within 28 days of the due date, I understand that steps will be taken to recover the debt and I will be responsible for payment of any costs associated with that recovery;
- ▶ I 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 I and/or my Professional Financial Adviser fail to provide timely and adequate instructions; and
- ▶ I understand that Carey Pensions UK LLP and Carey Pension Trustees UK Ltd are not in anyway able to provide me with any advice.

Member name									
Signed	Date								
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Witness name									
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D	D	M	M	Y	Y	Y	Y		

Witness address	
Postcode	