

Dentons SSAS Takeover Questionnaire

This questionnaire is designed to collect relevant information about your current SSAS to enable Dentons to provide you with an estimate of costs for taking over the scheme. The information collected on this form will be used to create the trust deed therefore please complete this form as fully and accurately as possible.

Scheme name

Please answer the following questions:

Reason for proposed switch

Target date for takeover completion

Name(s) of sponsoring employer/participating employers

Names of current Trustees

Are all Members Trustees?

Yes

No

If no, please explain why

Name of Professional Trustee/Practitioner? (if applicable)

Role of current Professional Trustee/Practitioner (please tick all that apply)

Co-Trustee

Scheme Administrator

Joint signatory

Practitioner only

Scheme Year End date

Trustees' Bank Account

Bank address

Are the trustees VAT registered?

Yes

No

If Yes, who completes the VAT returns?

Name

Tel No

Address

Please note:

Denton & Co Trustees Limited will become Co-Trustee, Co-signatory and Co-Scheme Administrator

Member Details

Please provide the following details for each member including middle names, if appropriate. IT IS IMPORTANT TO ENSURE THE CORRECT SPELLING OF NAMES AS THIS INFORMATION WILL BE USED ON THE TRUST DEEDS.

Please note:

If more than 4 members please provide additional information on a separate sheet and attach to this document

Please note:

Additional member data may be required if the scheme takeover is to proceed.

Please note:

Your National Insurance number is essential for your application to proceed.

1. Member Name

Date of birth (DD/MM/YYYY) / /

Home address

 Post code

Length of time at this address Years Months

If less than 3 years, please provide details of the member's previous address
 Post code

National Insurance number

What is the member's status?
 Active Yes No Receiving benefits Yes No Deferred member Yes No

If in receipt of benefits, please confirm which applies?
 Capped Drawdown Yes No Flexi-access Drawdown Yes No Scheme Pension Yes No

Is pension income being taken? Yes No

Next Formal Review Date (DD/MM/YYYY) / /

2. Member Name

Date of birth (DD/MM/YYYY) / /

Home address

 Post code

Length of time at this address Years Months

If less than 3 years, please provide details of the member's previous address
 Post code

National Insurance number

What is the member's status?
 Active Yes No Receiving benefits Yes No Deferred member Yes No

If in receipt of benefits, please confirm which applies?
 Capped Drawdown Yes No Flexi-access Drawdown Yes No Scheme Pension Yes No

Is pension income being taken? Yes No

Next Formal Review Date (DD/MM/YYYY) / /

Member Details (continued)

3. Member Name

Date of birth (DD/MM/YYYY) / /

Home address

 Post code

Length of time at this address Years Months

If less than 3 years, please provide details of the member's previous address

 Post code

National Insurance number

What is the member's status?
 Active Yes No Receiving benefits Yes No Deferred member Yes No

If in receipt of benefits, please confirm which applies?
 Capped Drawdown Yes No Flexi-access Drawdown Yes No Scheme Pension Yes No

Is pension income being taken? Yes No

Next Formal Review Date (DD/MM/YYYY) / /

Please note:
 If more than 4 members please provide additional information on a separate sheet and attach to this document

Please note:
 Additional member data may be required if the scheme takeover is to proceed.

Please note:
 Your National Insurance number is essential for your application to proceed.

4. Member Name

Date of birth (DD/MM/YYYY) / /

Home address

 Post code

Length of time at this address Years Months

If less than 3 years, please provide details of the member's previous address

 Post code

National Insurance number

What is the member's status?
 Active Yes No Receiving benefits Yes No Deferred member Yes No

If in receipt of benefits, please confirm which applies?
 Capped Drawdown Yes No Flexi-access Drawdown Yes No Scheme Pension Yes No

Is pension income being taken? Yes No

Next Formal Review Date (DD/MM/YYYY) / /

Member Details (continued)

Are any members due a Benefit Crystallisation Event (BCE) in the next 12 months?

Yes No

If Yes, please state the date(s) the BCE is due? (DD/MM/YYYY)

/	/	/	/
/	/	/	/

Please provide a breakdown of the allocation of funds i.e. a split of the fund between the members

%

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When were the fund allocations last calculated? (DD/MM/YYYY)

/	/
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Who carried out the last fund split calculation?

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Their position/company

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Investment Details

Please provide full details of all the current investments and their approximate value

Investments	Approx values

Are there any anticipated changes/new investments within the next 12 months? Yes No

If Yes, please state what these are

Does the SSAS include property? If Yes, please provide the following details for each property. Yes No

Is there a current lease in place? Yes No

If Yes, who is it leased to?

Is the tenant connected with the SSAS members? Yes No

Are there any rent arrears? Yes No

If Yes, please provide details

When is the next rent review due?

Who produces rental invoices, monitors the rent etc?

Name

Tel No

Address

Please note:
Please provide as much detail as possible. Additional investment data may be required if the scheme takeover is to proceed.

Scheme Accounts

Are Scheme Accounts being produced annually?

Yes No

If Yes, who produces these currently?

Name

Tel No

Address

Please provide a copy of the most recent Scheme Accounts.

If there are no Scheme Accounts, is anything else given as an alternative (e.g. Annual Review document)?

Are there any known issues requiring attention?

Yes No

If Yes, please provide details

Has the Scheme's online Pension Scheme Return been completed and submitted to HMRC for the tax year immediately preceding the tax year in which this questionnaire is being completed?

Yes No

SSAS Fees

Please provide details of the fees currently being charged by the existing service provider including Annual fees, Fixed fees, Time cost fees etc

Please ensure you sign and date the form.

Name

Date (DD/MM/YYYY)

Signed

Scheme correspondence address

In capacity as SSAS Trustee

Please note:

Examples of issues include unauthorised payments and associated reporting responsibilities to HMRC and problems with particular investments.

Please note:

If you decide to proceed with Dentons, it will be necessary for you to provide a letter confirming Dentons is to take over the administration/trusteeship of the scheme. This should be addressed to the current professional trustee. A template can be provided on request.



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Dentons Pension Management Limited, Denton & Co Trustees Limited, NTS Trustees Limited, TP Trustees Limited and Sippchoice Trustees Limited are registered in England & Wales under numbers 02352951, 01939029, 01407848, 02604059 and 06869793 respectively. Registered office at Sutton House, Weyside Park, Catteshall Lane, Godalming, Surrey, GU7 1XE.

Dentons Pension Management Limited is authorised and regulated by the Financial Conduct Authority, register number 461094.

VAT number for Dentons Pension Management Limited is 863 1639 14