

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. Please complete this form as fully and accurately as possible.

Scheme name

Is a copy of the current Trust Deed and Rules attached? Yes No

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	<input type="checkbox"/>	Scheme Administrator	<input type="checkbox"/>
Co-signatory	<input type="checkbox"/>	Practitioner only	<input type="checkbox"/>

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

HMRC Pension Scheme Tax Return (PSTR)

Please note:
If no, we will be unable to proceed with the SSAS Takeover and can only give an indication of likely fees at this stage.

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.

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)

Please note:

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 if the scheme takeover is to proceed.

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:**
 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 if the scheme takeover is 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)

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

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

%

<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"/>

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

Who carried out the last fund split calculation?

Their position/company

Financial Advice

Please tick as appropriate

NO: I confirm that a Financial Adviser has not been involved in connection with the takeover of this SSAS

YES: I confirm that regulated financial advice has been provided by:

Name of Financial Adviser

FCA Individual reference number

Name of Company

FCA Company reference number

Adviser Company address

Telephone number

I confirm that I have given advice on the takeover of this SSAS

Adviser signature

Date

(DD/MM/YYYY)

Investment Details

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

Investments	Approximate 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 including details of any loan documentation/ agreements to the sponsoring employer. Copies of the relevant documentation will be required, together with details of any security.

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

Will the fees be paid by the Company or the Scheme?

Company Scheme

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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