

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	<input type="text"/>
Is a copy of the current Trust Deed and Rules attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please answer the following questions:	
Name of the sponsoring employer	<input type="text"/>
Companies House Registration Number	<input type="text"/>
PSTR number (Pension Scheme Tax Reference)	<input type="text"/>
Are there any additional companies adhered to the scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company name	<input type="text"/>
Companies House Registration Number	<input type="text"/>
Company name	<input type="text"/>
Companies House Registration Number	<input type="text"/>
Name of the main SSAS contact	<input type="text"/>
Contact's correspondence address	<input type="text"/>
Post code	<input type="text"/>
Are all Members Trustees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of the Professional Trustee/Practitioner (if applicable)?	<input type="text"/>
Trustees' Bank Account	<input type="text"/>
Bank address	<input type="text"/>
Post code	<input type="text"/>
Are the Trustees VAT registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

1. Member title

Mr ☐ Mrs ☐ Miss ☐ Other

Forename

Middle name(s)

Surname

Date of Birth

DD/MM/YYYY

Nationality

Home address

Email address

Have you taken any pension benefits?

Yes ☐ No ☐

If Yes, confirm which applies?

Capped Drawdown ☐ Flexi-access Drawdown ☐ Scheme Pension ☐

Do you hold any dependant's benefits in the scheme?

Yes ☐ No ☐

If Yes, please provide details.

Please note:

Please provide the following details for each member including middle names, if appropriate.

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.

Member details

2. Member title

Mr ☐ Mrs ☐ Miss ☐ Other

Forename

Middle name(s)

Surname

Date of Birth

DD/MM/YYYY

Nationality

Home address

Email address

Have you taken any pension benefits?

Yes ☐ No ☐

If Yes, confirm which applies?

Capped Drawdown ☐ Flexi-access Drawdown ☐ Scheme Pension ☐

Do you hold any dependant's benefits in the scheme?

Yes ☐ No ☐

If Yes, please provide details.

Please note:

Please provide the following details for each member including middle names, if appropriate.

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.

Member details

3. Member title

Mr ☐ Mrs ☐ Miss ☐ Other

Forename

Middle name(s)

Surname

Date of Birth

DD/MM/YYYY

Nationality

Home address

Email address

Have you taken any pension benefits?

Yes ☐ No ☐

If Yes, confirm which applies?

Capped Drawdown ☐ Flexi-access Drawdown ☐ Scheme Pension ☐

Do you hold any dependant's benefits in the scheme?

Yes ☐ No ☐

If Yes, please provide details.

Please note:

Please provide the following details for each member including middle names, if appropriate.

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.

Member details

4. Member title

Mr ☐ Mrs ☐ Miss ☐ Other

Forename

Middle name(s)

Surname

Date of Birth

DD/MM/YYYY

Nationality

Home address

Email address

Have you taken any pension benefits?

Yes ☐ No ☐

If Yes, confirm which applies?

Capped Drawdown ☐ Flexi-access Drawdown ☐ Scheme Pension ☐

Do you hold any dependant's benefits in the scheme?

Yes ☐ No ☐

If Yes, please provide details.

Please note:

Please provide the following details for each member including middle names, if appropriate.

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.

Financial Advice

I confirm that regulated Financial Advice has not been provided in connection with the takeover of this SSAS ☐

I confirm that regulated financial advice has been provided in connection with the takeover of this SSAS: ☐

Name of Financial Adviser	<input type="text"/>
FCA Individual reference number	<input type="text"/>
Name of company	<input type="text"/>
FCA Company reference number	<input type="text"/>
Adviser's Company address	<input type="text"/>
Post code	<input type="text"/>
Telephone number	<input type="text"/>

I confirm that I have given advice on the client's SSAS takeover on:

☐ Takeover ☐ Investments ☐ Contributions ☐ Additional transfers

Adviser's signature	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>

Investment Details

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

Investments	Approximate values
<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"/>

If any of the above investments are earmarked/designated to one particular member, please confirm.

Are there any anticipated changes/new investments within the next 12 months?

Yes ☐ No ☐

If Yes, please state what these are:

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

Telephone number

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)?

Miscellaneous

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

Company

☐

Scheme

☐

Are there any known issues requiring attention?

Yes

☐

No

☐

If Yes, please provide details

Please note:

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

Signature

Please ensure you sign and date the form.

Name

Date (DD/MM/YYYY)

Signed

In capacity as SSAS Trustee

This page has deliberately been left blank.

Administrator's authority

Please complete this form for the takeover.

Scheme name

I request Dentons Pension Management Limited to investigate the pension arrangements shown below with a view to a takeover of the administration and consultancy advice to Dentons Pension Management Limited.

Transferring Administrator's name

Transferring
Administrator's
address

Postcode

I hereby authorise the trustees/administrators concerned to provide Dentons Pension Management Limited with the details they request regarding the arrangement.

Member's name 1

Member's signature

Date (DD/MM/YYYY)

Member's name 2

Member's signature

Date (DD/MM/YYYY)

Member's name 3

Member's signature

Date (DD/MM/YYYY)

Member's name 4

Member's signature

Date (DD/MM/YYYY)

Please note:

Please complete this section with the required information and ensure that this is signed and dated by each member.



Dentons Pension Management Limited
Sutton House, Weyside Park
Catteshall Lane, Godalming
Surrey GU7 1XE

T 01483 521 521
F 01483 521 515
E enquiries@dentonspensions.co.uk
W www.dentonspensions.co.uk

Dentons Pension Management Limited, Denton & Co. Trustees Limited, NTS Trustees Limited, TP Trustees Limited, Sippchoice Trustees Limited, Fairmount Trustee Services Limited and M.A.B. Trustee Company Limited are registered in England & Wales under numbers 02352951, 01939029, 01407848, 02604059, 06869793, 01909678 and 01604556 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.

DPM.SSAST0.0924