

Takeover Application

- For a takeover of an existing scheme.
- This form should be completed and signed by the Principal Employer. If the pension scheme no longer has a Principal Employer, it should be completed and signed by the Member Trustees.
- Please complete this document in full and ensure it is accompanied by a draft letter of appointment signed by all Member Trustees.

This document, together with the Schedule of Fees and the governing Trust Deed and Rules forms a legally binding agreement between you and us.

1. SCHEME DETAILS

Note: The Pension Scheme Tax Reference Number provided by HMRC.

Note: Only for schemes with more than one member.

Note: If no age specified, we will assume 65.

Scheme Name	<input type="text"/>
PSTR Number	<input type="text"/>
The Pensions Regulator Reference Information Commissioner Reference	<input type="text"/>
Number of Members	<input type="text"/>
Scheme Normal Retirement Age	<input type="text"/>
Are fees to be paid by the scheme or the Principal Employer	
	Scheme <input type="checkbox"/>
	Principal Employer <input type="checkbox"/>

2. EXISTING PROFESSIONAL TRUSTEE / ADMINISTRATOR DETAILS

Provider Name

Address

Telephone Number

Contact Email Address

3. PRINCIPAL EMPLOYER DETAILS

Note: Please give details of the Principal Employer, if still in existence.

Company Name

Registered Office Address

Note: Where an Adviser is appointed we will send all correspondence to them. Otherwise we will send all correspondence to the company contact

Contact Name

Contact Telephone Number

Note: Whether limited, limited by guarantee, unlimited, limited liability partnership or other.

Contact Email Address

Employer Status

Contact Name

Company Registered Number

Trading Year End

Nature of Business

4. ADDITIONAL PARTICIPATING EMPLOYER DETAILS

Note: Please give details of any participating employer, if applicable. If there is more than one, please copy this page and complete the section for each participating employer.

Company Name

Registered Address

Contact Name

Contact Telephone Number

Contact Email Address

Employer Status

Note: Whether limited, limited by guarantee, unlimited, limited liability partnership or other.

Company Registered Number

Trading Year End

Note: Whether common shareholders or directors etc.

Nature of Business

Relationship to Principal Employer

5. MEMBER DETAILS

Full Name
(Including Title)

Residential Address

Gender

Male Female

Date of Birth

Marital Status

Spouse's D.O.B

Nationality

Country of Residence

NI Number

Are Your Benefits Subject to A Pension Sharing Order?

Yes No
If so, please let us have a copy.

Are Your Benefits Subject to Primary, Enhanced or Fixed Protection?

Yes No
If so, please let us have details plus a copy of the HMRC certificate.

Are You In Receipt of Retirement Benefits?

What Is Your Employment Status?

i.e. employed, self-employed, unemployed, retired etc.

Employer/Trading Name

Are You A Director?

Yes No
i.e. of any of the sponsoring companies.

Are You A Shareholder?

Yes No
i.e. of any of the sponsoring companies.

Percentage Shareholding

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

For additional members, please copy this page and attach to the SSAS Takeover Application Form.

Member Name

These questions help to Determine whether the Scheme Members qualify as Sophisticated Investors

Are you a member of a network or syndicate of business angels and have you been one for at least the last six months? Yes No

Have you made more than one investment in an unlisted company in the last two years? Yes No

Are you working, or have you worked in a professional capacity in the private equity sector, or in the provision of finance for small and medium enterprises? Yes No

Are you currently, or during the last two years, have you been a director of a company with an annual turnover of at least 1 million? Yes No

These questions help to determine whether the Scheme Members qualify as High Net Worth Individuals

During the last financial year, have you received an annual income to the value of 100,000 or more? Yes No

During the last financial year have you held net assets to the value of 250,000 or more? Yes No

This question helps to determine whether the Scheme Members are Professional Investors

Are you authorised or regulated by the Financial Conduct Authority (FCA) or its equivalent in another EEA state to operate in the financial markets? Yes No

For additional members, please copy this page and attach to the SSAS Takeover Application Form.

6. NOMINATION OF BENEFICIARIES

In the event of your death while a member of the scheme, please confirm the percentage split of any lump sum and/or pension benefits payable to your nominated beneficiaries.

Note: If you wish your nomination to be confidential we can provide a separate form.

Member Name

Beneficiary 1 Details

Name

Address

Relationship

Share %

Beneficiary 2 Details

Name

Address

Relationship

Share %

Beneficiary 3 Details

Name

Address

Relationship

Share %

Notes:

- Please note that the Trustees will consider your wishes but shall not necessarily be bound by them. If you do not complete this section the Trustees Will exercise their full discretion as to whom your benefits should be paid. This may include payment to your estate. We will keep this information confidential.
- Please use additional sheets if you wish to appoint additional beneficiaries.
- You can change your nomination at any me by completing a new Nomination of Beneficiary Form obtainable from us.

For additional members, please copy this page and attach to the SSAS Takeover Application Form.

7. COMPANY ACCOUNTANT

Note: Please provide details of the principal or participating employer's accountant.

Company Name

Address

Contact Name

Contact Telephone Number

Contact Email Address

8. APPOINTMENT OF ADVISER

Note: A financial adviser may be appointed to advise the Member Trustees regarding the scheme. We will accept investment instructions from the Adviser on behalf of the Member Trustees and will treat these instructions as being a unanimous decision by all Member Trustees.

Note: We will send all our correspondence regarding the scheme to the Adviser.

Note: If no Adviser is appointed we will require investment instructions from all Member Trustee unanimously.

Note: Appointment of an Adviser includes the ability for you to instruct us to pay them fees from your fund for the advice given.

Company Name

Registered Address

Adviser Name

Contact Telephone Number

Contact Email Address

FCA Registered Number

Adviser Fees

Initial Payment

£ Or %

Of initial contribution or transfer value

Renewal Payments

£ Or %

9. SCHEME ASSETS

Note: Please provide details of the assets held within the scheme together with current values.

Note: If any investments are earmarked for specific Members, please provide details.

Asset Type

Value

£

£

£

£

£

10. FUND SPLIT

Note: Please provide the share of fund currently apportioned to each member.

Member Name	Fund Split		
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %
Total	£ <input type="text"/>	Or	<input type="text"/> %

11. ONGOING/FUTURE CONTRIBUTION ALLOCATION

Note: Please provide the share of fund currently apportioned to each member.

Note: If a member has Benefits which are subject to enhanced or fixed protection, the protection will be lost if a contribution is paid by/for them.

Member Name	Single Contribution			Regular Contributions		
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	Or	<input type="text"/> %	£ <input type="text"/>	Or	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>		<input type="text"/> %	£ <input type="text"/>	Or	<input type="text"/> %
Total	£ <input type="text"/>		<input type="text"/> %	£ <input type="text"/>	Or	<input type="text"/> %

12. BANKING

Note: Please tick your selection. We can take over the mandate for the existing bank account or open a new account with the Cater Allen Bank on either a joint or sole signatory basis. If not ticked we will assume a sole signatory account.

Sole Signatory Joint Signatory Existing Banking Arrangements

- We use the Cater Allen Bank for pension scheme banking.
- Sole signatory accounts mean DNS Associates Ltd act as sole signatory to the pension scheme account which enables us to use online banking to streamline the operation of your pension scheme.
- Joint Signatory accounts mean one Member Trustee must countersign all cheques and bank instructions with us and we will forward the chequebook to you for this purpose.
- We will make all transaction and balance information for Cater Allen Bank accounts available online.

13. DECLARATIONS

- On behalf of the Principal Employer and Participating Employer(s) we agree to transfer the administration of the SSAS in the above name To DNS Associates Ltd and to Appoint DNS Associates Ltd as Professional Trustee.
- We confirm we are acting in accordance with the Memorandum and Articles of Association of the Company or Partnership Agreement.
- We request DNS Associates Ltd to transfer the Professional Trustee and Scheme Administrator and provide the Members with details of their membership on our behalf.
- We agree to the appointment of DNS Associates Ltd as Professional Trustee and providing administration services to the Scheme.
- This document, together with any supplementary information provided by us or our Advisers or representatives provides you with the information required to take over and administer our self-administered scheme. It also gives you essential information for regulatory purposes.
- We confirm we understand that once a contribution has been made to a Scheme, it cannot be returned without incurring a tax charge.
- We request the Scheme Administrator to issue such documents and provide appropriate benefits as may be required from me to me.
- We confirm that we have the necessary capacity and authority to enter into this agreement and we acknowledge that we are aware of the risk factors of entering into the Scheme.
- When deciding to enter into this agreement we have not relied on any information to her than the documents mentioned below.
- We have read and understood the Schedule of Fees, Trust Deed and Rules and agree to the information and conditions set out in these documents.
- We agree and consent to the pension scheme banking arrangements outlined above and on the bank application form.
- Where banking arrangements are made for the Scheme which include interest payments to DNS Associates Ltd we agree and consent to these payments.
- We agree to the fee structure set out in the Schedule of Fees and understand that the appropriate fees may be paid to DNS Associates Ltd by withdrawal from the Scheme fund. We accept that the Schedule of Fees may be updated and that an up to date version is available on the DNS Associates Ltd website.
- We agree that where there are insufficient funds available in the Scheme fund to cover the DNS Associates Ltd fees in full, These will be settled by encashment/surrender/sale of other investments held by the Scheme and that payment will not be unreasonably withheld.
- The Member Trustees are aware that they are jointly and personally liable for the fees payable by the full membership of the Scheme at any me and understand that this may require them to pay fees on behalf of another member and that they may be personally liable for these fees.
- We agree and consent to DNS Associates Ltd using a pooled trustee bank account for the operation of pension payroll, administering VAT or such other purposes as may be necessary subject to our prior notification.
- We agree to investments and assets of the Scheme being registered in the sole name of DNS Associates Ltd as delegate for the Trustees as set out in the Trust Deed and Rules of the Scheme when requested.
- We agree to be bound by the declarations below regarding the Data Protection Act.
- We agree to the appointment of the Adviser named above and agree that investment instructions given by the Adviser to DNS Associates Ltd are made on the Member Trustees' behalf and with their full knowledge and consent.
- We agree to the Adviser's fees set out above being paid from the SSAS fund.
- The Member Trustees agree to act as Trustee(s) and accept the dues and responsibilities of Trustee(s) as set out in the Trust Deed and Rules including those of Scheme Administrator.
- We authorise our previous company, scheme provider or any insurer or other pension provider and HMRC to disclose to DNS Associates Ltd any details they request about the benefits provided for the Member Trustees.
- We understand that, in the case of a transfer of a pension arrangement which is paying retirement benefits in the form income drawdown, this must continue to apply the same maximum income, the same income year and same review dates that applied under the transferring scheme.
- In the case of a transfer in, I/we hereby request and consent to the payment of the transfer value(s) from my/our previous scheme/arrangement(s) to the Scheme. I/we understand that the transfer may only be applied to pay benefits at the me I/we take my/our retirement or on my/our death. I/we agree and consent to DNS Associates Ltd providing the transferring scheme provider with details of the SSAS when requested to facilitate the transfer.
- We declare that if gross pension contributions paid by a Member, or on a Member's behalf for any tax year exceed the Annual Allowance, that Member will be liable for an Annual Allowance tax charge.
- We declare and agree that should it be necessary to realise investments to pay retirement or death benefits or fees from the Scheme in relation to any of its members, and agreement cannot be reached on which investments to sell, that this Decision can be made by DNS Associates Ltd and we agree to be bound by this decision.

- We confirm that we will only require the Scheme to make payments authorised for the purposes of the Finance Act 2004. We will not carry out any action which could give rise to an Unauthorised Payment.
- We declare that if a Member is to draw retirement benefits from the Scheme, that Member will not use any part of their tax free lump sum, either directly or indirectly to fund a pension contribution to a Registered Pension Scheme in a way that would exceed the maximum permitted under the recycling of lump sum regulations.
- The Members are aware that the nominated beneficiary (ies) appointed to receive benefits from the Scheme Fund on death are nominated by an expression of wishes and that the Trustees are not bound by these nominations. The Members may change their nominationS by informing DNS Associates Ltd in writing at any time.
- Every statement made in this application is to the best of our knowledge and belief, true and complete

Data Protection Act

We understand and agree that:

- Information about our SSAS will be held by DNS Associates Ltd for business Analysis, fraud prevention and to keep accurate and up to date records
- Under the Data Protection Act, we can ask to see a copy of the personal information held about us by writing to DNS Associates LTD at your usual address. We understand that this will involve the payment of a fee.
- Where we act as Data Controllers, we will register under the terms of the Data Protection Act.
- Information will be held after you no longer act for us. Any information will be held in the strictest confidence and is subject to the provisions of Data Protection legislation.

It is a serious offence to make false statements.

14. SIGNATURES

Signature for the Principal Employer (if there is no Principal Employer the Member Trustees must sign below).

Note: Director to sign.

Signature

Director

Note: Please insert name of signing Director

By

In the presence of

Witness Name

Address

Occupation

Signature

Date

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Print Name

Signature

Note: if there is no longer a Principal Employer, all Member Trustees must sign.

Member Trustee

Member Trustee

Member Trustee

Date

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For additional members, please copy this page and attach to the SSAS Takeover Application Form.

15. DECLARATIONS

Note: To comply with the requirements of the Anti-Money Laundering Regulations.

SSAS Takeover Application

Trustee Bank Account Application

Items outlined in our Takeover Guideline

Anti-Money Laundering Evidence of Identity

Certified copies of the Certificates of Incorporation, last set of audited accounts and most recent Company Returns for each of the Principal and Participating Employers

DNS Associates Ltd

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