

Premier SSAS Takeover Questionnaire

Please complete this takeover questionnaire in full using BLOCK CAPITALS. On completion, sign and date the declaration before returning to us with a completed member application for each member.

Basic Scheme Details

Name of Scheme:	<input type="text"/>
Number of Members:	<input type="text"/>
Pension Scheme Tax Reference:	<input type="text"/>
Pension Regulator's Reference: <i>(if more than 1 member)</i>	<input type="text"/>
Information Commissioners Office Reference:	<input type="text"/>
Scheme Year End:	<input type="text"/>

Existing Scheme Provider Details

Contact Name:	<input type="text"/>		
Provider Name:	<input type="text"/>		
Provider's Reference:	<input type="text"/>		
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>
Email Address:	<input type="text"/>		

Reasons for Change of Provider

Current Scheme Administrator

Please give details of the current Scheme Administrator registered with HMRC. This maybe a trustee, all trustees, a professional body or an organisation.

Scheme Administrator's Name:	<input type="text"/>		
Company Name: <i>(if applicable)</i>	<input type="text"/>		
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>
Email Address:	<input type="text"/>		
Scheme Administrator ID:	<input type="text"/>		
Has the scheme been registered with the HMRC Pension Scheme Online?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
Has the scheme been registered with HMRC's Managing Pension Schemes Online?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Sponsoring Employer Details *(also referred to as the Principal Employer)*

Name:	<input type="text"/>		
Companies House Number:	<input type="text"/>		
Registered Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>
Email Address:	<input type="text"/>		
Trading Address: <i>(if different from above)</i>	<input type="text"/>		
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>
Email Address:	<input type="text"/>		
Employer Status ¹ :	<input type="text"/>		
Company Year End:	<input type="text"/>		

¹ Please advise if the employer is limited, limited by guarantee, unlimited, limited by liability, a partnership, or other e.g. self-employed.

Associated Employers

Do any other employers participate in the scheme other than the sponsoring employer?

 Yes

 No

If 'Yes', please confirm:

Name of employer	Relationship to sponsoring employer

Membership Details

Please provide the following details for each of the members. An additional member application form will also need to be completed, once the takeover is approved.

Member's Name	Status <i>(active, capped drawdown, flexi-access drawdown, deferred)</i>	Date of Birth	Selected Retirement Date

For members receiving an income from the scheme, who deals with the PAYE?

Are there any divorce earmarking/pension sharing orders in force under the scheme?

 Yes

 No

1. If a member is drawing an income under the flexi access rules, the payroll will need to be moved to Options SSAS Limited.

Member's Name	Current Gross Pension Income £	Frequency of Payment

Share of Fund and Contributions

Please confirm how the fund is currently split between the members and the contributions paid in the last 3 tax years in line with their pension input period.

Share Of Fund

Member's Name	Percentage of fund ²

2. For members who are in capped or flexi-access drawdown please confirm the split between crystallised and uncrystallised funds (if applicable).

Contributions

Member's Name	Last 3 tax years		
	Contribution 1	Contribution 2	Contribution 3

Financial Adviser Details

Please give the details of the financial adviser who will provide advice on the scheme to the member trustees.

Contact Name:

Company Name:

Address:

Postcode: Telephone:

Email Address:

Will the financial adviser be appointed as the investment adviser?

FCA Number:

Accountant Details

Please provide details of the accountant acting for the sponsoring employer.

Contact Name:

Accountancy Firm:

Address:

Postcode: Telephone:

Email Address:

Does the company's accountant prepare pension scheme accounts for the SSAS?

If no, are pension scheme accounts prepared by another party?

If no, please confirm if you will be using Options SSAS Limited accounts service?

Investments

Please provide as much detail as possible on the scheme's investments and their values in the box below. Where appropriate please provide copies of any supporting paperwork such as bank statements, copy leases, asset valuations and share certificates.

Asset Type ²	Provider	Current Value	Date of Valuation	Comments
		£		
		£		
		£		
		£		
		£		
		£		

²For example, Unit Trust, OEIC, Trustee Investment Plan, DFM, Property, Loan, Borrowing, Bank Account

If there is an outstanding loan to an employer, please provide full details including a copy of the loan agreement and legal charge:

Property Only

Is the scheme registered for VAT?

 Yes

 No

If 'Yes', please confirm who completes the VAT Returns to HMRC:

Is there a mortgage on the property?

 Yes

 No

Additional Paperwork

Please Provide us with copies of:	Attached	Not Applicable
Copy of last Share of Fund		
Copy of Original Approval Letter		
Current Trust Deed and Rules		
Deeds of Amendment		
Scheme Registration Letter		
Scheme Accounts for last 3 years		
Copy of last Tax Return (SA970)		
Copy of last Pension Regulator Scheme Return		
LTA Statements (if applicable)		
Protection Certificates		
Copy of last AVR		
Latest ICO Certificate		
Copy of VAT Registration Certificate		
Copy of Option to Tax		
Copy of Borrowing Agreement		
Capped drawdown figures		

If these are not available, we will try to obtain these from your current provider/scheme administrator.

HMRC Reporting Requirements

Please let us know if there have ever been/are any:

Unauthorised payment tax charges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outstanding Event Reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outstanding Pension Scheme Returns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outstanding Accounting for Tax reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Sponsoring Employer's Declaration

On behalf of the sponsoring employer we agree to Options SSAS Limited investigating the takeover of the scheme. We understand Options SSAS Limited will charge for this work and for any other work associated with the takeover of the scheme.

We confirm we are acting in accordance with the Memorandum and Articles of Association of the company or Partnership Agreement.

We understand that upon successful investigation Options SSAS Limited will provide the necessary documentation to formally take over the scheme.

We agree to Options SSAS Limited opening a Trustee bank account with its designated banking partner. This will replace all other Trustee bank accounts, with the exception of loan accounts and deposit/savings accounts. We confirm all existing current accounts will then be closed and the proceeds transferred to the new account to which all future payments into the SSAS will be made.

The information provided on this form is correct to the best of our knowledge.

Print Name:

Position:

Signature:

Date:

Day

Month

Year

Print Name:

Position:

Signature:

Date:

Day

Month

Year

Data Protection

We know how important privacy is to you. So we have created a Privacy Notice to provide you with a clear explanation of when, why and how we collect and use your personal data. A version of this notice can be obtained on the Options website at <https://www.optionspensions.co.uk/privacy>



PART OF



GROUP PLC

FOR MORE INFORMATION PLEASE CONTACT

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Fitzalan Place,

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