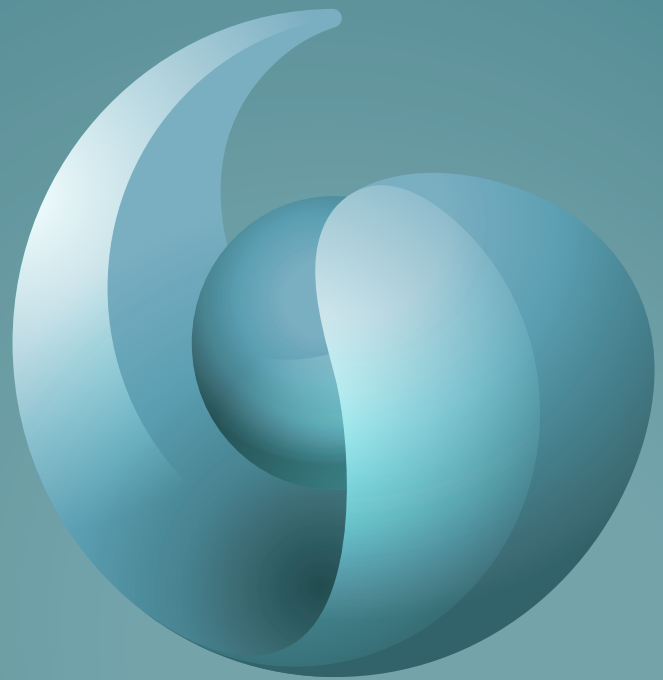


# The SSAS

Member Application Form



## 01. Introduction

The purpose of this form is to gather information in order to admit Members to the iPensions Group Small Self Administered Scheme ('the SSAS'). Further documentation will be provided for completion once we have processed this application.

This application must be completed by each individual joining the SSAS.

Please ensure that all sections are completed. Failure to provide all the relevant information and supporting documentation may result in a delay in the application being processed. Furthermore, additional information may be required during the processing of this application.

Please use BLOCK CAPITALS and black or blue ink only when completing this form.

For the purposes of this Member Application Form iPensions Group Limited and all of its subsidiaries will be referenced as iPensions Group.

Please return all paperwork to:

**iPensions Group SSAS Trustees Limited,**

2nd Floor,  
Marshall House,  
2 Park Avenue,  
Sale, M33 6HE.

**Tel:** 0161 972 2840

## 02. Member Details

Please copy this section for each additional member joining.

Title	Forename/s	Surname
Date of Birth	Gender	Nationality
UK National Insurance Number (if applicable)	Mobile Number	Email address
Name of SSAS		<input type="checkbox"/> WMPP SSAS <input type="checkbox"/> The iPensions Group SSAS
Residential Address		
Have you lived at this address for the past 3 years		<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please provide 3 year history		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name if Spouse / Civil Partner (if applicable)	DOB of Spouse / Civil Partner (if applicable)	NI Number of Spouse / Civil Partner (if applicable)
Tax Office and Reference	Planned Retirement Age (If you do not complete this, we will assume a retirement age of 65, or 10 years from the start of your membership of the Scheme if later)	
Are you a UK tax resident?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you subject to a Bankruptcy order?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you resident in the United States (US) for tax purposes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Identity has to be verified by provision of AT LEAST TWO ITEMS. One item is required from each section detailed below. We cannot accept your application until verification is complete.

### Section A

- Full UK/ EC passport
- Full U-K / EC driving license (with photo)
- National Health ID Card
- HM Forces ID Card

### Section B

- Public Utility Bill
- Council Tax Demand
- Medical Card
- Recent Bank Statement
- Electoral Roll Check
- Recent Mortgage Statement

### 03. Employment Details

#### If Employed:

Employer Name	Company Registration Number
Contact Number	Contact Email Address
Business Address	Registered Office Address (if different)

### 04. Financial Adviser

Company Name	Adviser's Name
Regulator	License Number
Email Address	Telephone Number
Correspondence Address	

### 05. Contributions

If you have been granted enhanced or fixed protection on your existing pensions, it will be lost if any further contributions are made to your sub-fund within the SSAS ('your SSAS or my SSAS').

#### Single Contribution

#### Regular Contribution

Employer (gross) £	Employer (gross) £	per annum
How often will contributions be paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually

Contributions are paid by your employer gross. This will usually mean you receive immediate tax relief at your highest marginal rate but as with all tax matters this is something you should check with your financial or tax adviser.

Employer contributions will be eligible to be treated as a business expense for corporation tax purposes subject to meeting the "wholly and exclusively for the purposes of trade" test.

## 06. Pension Transfers

### Note

1. Crystallised benefits held in the transferring scheme must be transferred in full. Please contact your financial adviser if you are unsure.
2. If you were contracted-out of the State Earnings Related Pension Scheme (SERPS) or the State Second Pension (S2P) you will have accrued rights called Guaranteed Minimum Pension and I or Section 9(2B) rights in place of benefits under the appropriate State Scheme. You may also have such rights that have been transferred to a Section 32 annuity contract. These rights are guaranteed and include a 50% pension for a widow, widower or surviving civil partner and also include some degree of protection against inflation. From 6 April 2012 you can transfer such rights to us but the money that we receive loses these features and is just treated as a normal part of your money purchase fund.
3. If you have Lump Sum Protection this could be lost on transfer if it is not classed as a "block transfer." Please discuss this with your financial adviser prior to completing the transfer.

**IMPORTANT NOTE:** We can't provide any financial, investment, legal or tax advice on transfers into your SSAS.

If you are transferring from a final salary occupational pension scheme, you should also receive a Transfer Value Analysis and Critical Yield, which you should discuss with your financial adviser. We will only accept transfers from occupational schemes offering guaranteed benefits where you take advice from a suitably qualified financial adviser.

### Transfer Information

Provider Name	Provider Address
Policy Reference Number	
Pension Scheme Tax Reference (must be HMRC registered)	Type of Scheme
Type of transfer	<input type="checkbox"/> Full <input type="checkbox"/> Partial
Does the transfer include Crystallised benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of cash transfer £	Amount of any in specie transfer £
Details of in specie assets (if multiple please provide full breakdown including date of last valuation)	

## 06. Pension Transfers (continued)

### Transfer Information

Provider Name	Provider Address
Policy Reference Number	
Pension Scheme Tax Reference (must be HMRC registered)	Type of Scheme
Type of transfer	<input type="checkbox"/> Full <input type="checkbox"/> Partial
Does the transfer include Crystallised benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of cash transfer £	Amount of any in specie transfer £
Details of in specie assets (if multiple please provide full breakdown including date of last valuation)	

Please continue on an additional sheet if you have more transfers.

\* Additional paperwork may be required

Are any transfer coming from a defined benefit scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you received advice from a financial adviser about the transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, do you have fewer than two years' service and must transfer or accept a short service refund?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are transferring from a final salary occupational pension scheme, you should receive a Transfer Value Analysis and Critical Yield, which you should discuss with your financial adviser.

We will only accept transfers from occupational schemes offering guaranteed benefits where you take advice from a suitably qualified financial adviser.

Pension Sharing/ Earmarking Do any of the transfers relate to a Pension Credit I Debit derived from a Pension Sharing order, or an earmarking order? If Yes, please provide full details separately.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## 07. Data Protection Policy and Privacy

### Data Protection Consent Declaration

iPensions Group collects personal data from you at various points during both the application process and membership of our scheme, including when applying to become a member, or using our website.

Before signing the declarations below, please read our Data Protection and Privacy Notification which can be found on our website at the following link: <https://www.ipensionsgroup.com/literature/data-protection-policy.pdf>

If you do not have access to the internet please let us know and we will send a copy to you.

Please ensure you read the following declarations and if in agreement, kindly confirm acceptance.

- I hereby confirm that I have read and understood the Data Protection Policy and Privacy Notification and understand the way iPensions Group Limited (the "Company") collects and processes my personal data.
- I hereby confirm that I understand the legal grounds for the Company to collect and process my personal information.
- I hereby confirm that I understand my rights as a data subject in accordance with the Data Protection Policy and Privacy Notification.
- I allow the Company to collect, process and share my information in accordance with the Data Protection Policy and Privacy Notification.
- I allow the Company to retain my information in accordance with the Data Protection Policy and Privacy Notification.
- I allow the Company to contact me, my Appointed Adviser(s) or any other third party in connection with my SSAS via email, phone, or post in order to fulfil their contractual and legal obligations

Print Name

Signature

Date

## 08. Applicant Declaration

### Your Declaration

1. If my application is accepted, I undertake to be bound in all respects by the trust deed and scheme rules for the SSAS (which are available from your financial adviser) in force from time to time.
2. I declare that to the best of my knowledge and belief, the statements made in this application are true and complete.
3. The total annual contributions to any registered pension schemes to which I am entitled tax relief will not exceed the higher of:
  - a. £3600 or
  - b. My Relevant UK Earnings for that tax year.
4. I agree that I will immediately inform iPensions Group Limited, if as a result I will no longer be entitled to tax relief on my contributions.
5. I consent to iPensions Group Limited obtaining details from the scheme administrator/scheme trustee or insurance company, or any other pension provider, scheme or contract of which I am or have been a Member, and authorise the grant of such details to iPensions Group Limited.
6. I have read the Data Protection Policy included in this application and consent to the use of my personal data as described. I understand that if any answer I have given discloses physical or mental health or any other sensitive data within the meaning of the (UK) Data Protection Act 1998, then that information may also be used and my signature consents to this.
7. I request and consent to the payment of the transfer value(s) from my previous registered pension scheme(s), as indicated in section 6, to the SSAS.

Print Name

Signature

Date