

SSAS

Small Self-Administered Scheme

Member Form

Please complete **ALL** of this form if you have been invited to join a D A Phillips & Co Ltd SSAS





Member Form

This form should be completed by the person being invited to join the SSAS. In the case of new or takeover SSAS, each member should complete this form.

Full Name of SSAS	<input type="text"/>
	<input type="text"/>
Name of Principal Employer	<input type="text"/>

1. BASIC INFORMATION

Title (circle or insert as appropriate)	Mr	Mrs	Ms	Miss	Other:
Forename	<input type="text"/>				
Middle Name(s)	<input type="text"/>				
Surname	<input type="text"/>				
Permanent Residential Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>	Postcode	<input type="text"/>		
Time at this address	<input type="text"/>				
If less than three years, please provide previous address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>	Postcode	<input type="text"/>		
Daytime Phone Number	<input type="text"/>				
Email Address	<input type="text"/>				
Date of Birth	<input type="text"/>	Gender	<input type="text"/>		
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Nationality		<input type="text"/>		
Marital Status	SINGLE MARRIED REGISTERED CIVIL PARTNERSHIP SEPARATED DIVORCED WIDOWED				
Spouse/Civil Partner full name	<input type="text"/>				
Spouse/Civil Partner date of birth	<input type="text"/>				
Mother's maiden name	<input type="text"/>				
Occupation	<input type="text"/>				
Name of employer	<input type="text"/>				
Unique Tax Reference No.	<input type="text"/>				
Age you plan to take benefits	<input type="text"/>	NB: If you leave this blank we will assume state pension age			
Or immediately	<input type="text"/>	(please complete a Member Benefits form)			

2. TRANSFERS

If you have more than two transfers in then please photocopy this page.

Please note that we will only accept transfers from occupational pension schemes or those containing safeguarded benefits where the transfer is being made on the basis of a **positive recommendation** from an FCA regulated Financial Adviser. Safeguarded benefits are defined as benefits other than money purchase or cash balance benefits. Examples of this include, but are not limited to, defined benefits, guaranteed pensions including Guaranteed Annuity Rates (GARs) and Guaranteed Minimum Pensions (GMPs).

Transfer 1

Transferring scheme/Provider			
Policy Number			
HMRC Reference Number			
Address			
	Postcode		
Telephone number			
Estimated Transfer Value	£		
Is this a full or partial transfer?	Full transfer	Partial transfer	
Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders?	Yes	No	
Type of scheme being transferred, Please select from one of the following:	Personal Pension	Occupational Defined Benefit	Other Defined Contribution
Does the transferring scheme contain any Safeguarded Benefits?	Yes	No	
Please confirm if you received advice from a FCA regulated Financial Adviser in respect of the transfer. If Yes your adviser will need to complete the Adviser Declaration	Yes	No	
Have you taken any benefits from the scheme?	Yes	No	
If Yes please confirm by what method you have taken the benefits	Flexi-Access Drawdown	Uncrystallised Funds Pension Lump Sum	Capped Drawdown
If via Capped Drawdown please confirm current maximum pension and review date. If there are multiple pots please list the individual maximum pensions and review dates			
If benefits have been taken from the scheme please confirm whether the scheme is entirely or partially in drawdown	Full Drawdown	Partial Drawdown	

How is the transfer to be made? Please select one of the following:

All as cash

All in specie

Part cash, part in specie

If any assets are to be transferred in specie, please provide us with a list of these assets. We will review each asset and may ask for additional information to be provided before we are able to confirm whether these can be

accepted. We may ask for additional information from the transferring scheme before we process your request. This could result in a delay in the transfer process.

ADVISER SECTION

I confirm that I have given advice to transfer the above plan and have the appropriate permissions as per Part 4A of the Financial Services and Markets Act (FSMA). The transfer is not being undertaken on an insistent client basis and I have provided a positive recommendation to the transfer.

Signature:	<input type="text"/>
Name:	<input type="text"/>
FCA Number:	<input type="text"/>
Date:	<input type="text"/>

Transfer 2

Transferring scheme/Provider	<input type="text"/>		
Policy Number	<input type="text"/>		
HMRC Reference Number	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone number	<input type="text"/>		
Estimated Transfer Value	£ <input type="text"/>		
Is this a full or partial transfer?	<input type="text"/>	<input type="text"/>	
Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders?	<input type="text"/>	<input type="text"/>	
Type of scheme being transferred, Please select from one of the following:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does the transferring scheme contain any Safeguarded Benefits?	<input type="text"/>	<input type="text"/>	
Please confirm if you received advice from a FCA regulated Financial Adviser in respect of the transfer. If Yes your adviser will need to complete the Adviser Declaration.	<input type="text"/>	<input type="text"/>	
Have you taken any benefits from the scheme?	<input type="text"/>	<input type="text"/>	
If Yes please confirm by what method you have taken the benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>
If via Capped Drawdown please confirm current maximum pension and review date. If there are multiple pots please list the individual maximum pensions and review dates	<input type="text"/>		
If benefits have been taken from the scheme please confirm whether the scheme is entirely or partially in drawdown?	<input type="text"/>	<input type="text"/>	

How is the transfer to be made? Please select one of the following:

All as cash

All in specie

Part cash, part in specie

If any assets are to be transferred in specie, please provide us with a list of these assets. We will review each asset and may ask for additional information to be provided before we are able to confirm whether these can be accepted. We may ask for additional information from the transferring scheme before we process your request. This could result in a delay in the transfer process.

ADVISER SECTION

I confirm that I have given advice to transfer the above plan and have the appropriate permissions as per Part 4A of the Financial Services and Markets Act (FSMA). The transfer is not being undertaken on an insistent client basis and I have provided a positive recommendation to the transfer.

Signature:

Name:

FCA Number:

Date:

3. CONTRIBUTIONS

Please complete this section if you, your employer or a third party intends to make single or regular contributions to the SSAS.

Please note: your employer will need to set up a standing order for the payment of regular contributions. Cheques should be made payable to the name of the SSAS.

Protection From The Lifetime Allowance

Do you have Enhanced Protection?

Yes / No

Do you have Fixed Protection?

Yes / No

If you have Enhanced Protection, Fixed Protection 2012, Fixed Protection 2014 or Fixed Protection 2016 any contribution made to this SSAS will result in the loss of the Protection. For further information please speak to your Financial Adviser.

Annual Allowance

Are you subject to the Money Purchase Annual Allowance (MPAA) rules as you have flexibly accessed your pension savings?

Yes / No

If Yes, please confirm the date the MPAA first applied to you
you will receive tax relief only on money purchase pension savings up to £4,000 a year

Are you subject to the Tapered Annual Allowance?

Please refer to the SSAS Members Guide for further information

Yes / No

Carry Forward

If you are using Carry Forward please request our supplementary form.

Source of contribution

Do you wish to make:

Personal Contributions (please complete section A)

Employer Contributions (please complete section B)

Third Party Contributions (please complete sections A and C)

A. Personal contributions

Your Employer should deduct your gross personal contribution from your salary and pass it over to the SSAS. If the contribution exceeds your pay then you should pay the gross contribution directly to the SSAS and reclaim all the tax relief via your self assessment tax return. If a third party is paying your personal contributions, they should be paid gross and the tax relief reclaimed in your self assessment tax return. Please contact us for a standing order mandate should you wish to set up regular contributions.

Single contribution	£					
Regular contribution	£	Monthly	£	Quarterly	£	Annually
Start date for regular contribution						

Occupation and Eligibility

Occupation						
Please tick one of the following	<input type="checkbox"/>	Employed	<input type="checkbox"/>	Pensioner		
	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Unemployed		
	<input type="checkbox"/>	Child (under 16)	<input type="checkbox"/>	Full time education		
	<input type="checkbox"/>	Caring for one or more children under 16				
	<input type="checkbox"/>	Caring for a person aged 16 or over				
	<input type="checkbox"/>	Other (please specify)				

Source of funds

Please tick one or more to indicate how the contributions are being funded	<input type="checkbox"/>	Employment income	<input type="checkbox"/>	Property sales
	<input type="checkbox"/>	Savings/investment	<input type="checkbox"/>	Gift
	<input type="checkbox"/>	Divorce settlement	<input type="checkbox"/>	Other please specify
	<input type="checkbox"/>	Inheritance		

B. Employer Contributions

Please make your cheque payable to the name of your SSAS. Please contact us for a standing order mandate should you wish to set up regular contributions.

Single contribution						
Regular contribution	£	Monthly	£	Quarterly	£	Annually
Start date for regular contribution						
Company Name						
Registered Number		Contact Name				
Registered Address						
		Postcode				
Phone Number		Fax				
Trading Address						

Postcode

Please tick the box to confirm that the company is listed on a recognised EEA regulated market e.g. the London Stock Exchange

It is presumed that the entity making the contribution(s) is subject to the laws of England and Wales. If this is not the case, please indicate below the legal jurisdiction to which the entity is subject to:

If contributions are being paid by the deduction from pay please complete the following sections.

Please also refer to the 'Contribution Notes for Employers' which can be found on our website.

Payment due date*

Date employee is paid

* This is the latest date D A Phillips & Co Ltd must receive the payment by. **The payment due date must always be completed.**

Frequency of contributions taken from pay

Date the first contribution will be deducted

Month which the first payment will relate to

Declaration by your Employer

1. We declare that to the best of our knowledge and belief, the particulars given in this Section and any other supporting documents are complete and correct.
2. We undertake to advise D A Phillips & Co Ltd within 30 days of the Member ceasing to be employed by us or where contributions are reduced or terminated.
3. We agree to D A Phillips & Co Ltd carrying out checks to establish proof of our identity. Should these checks prove unsatisfactory, we may be required to provide proof of identity to the satisfaction of D A Phillips & Co Ltd, who may at its sole discretion determine whether to accept our contribution(s).
4. We confirm that we have read and understood D A Phillips & Co Ltd's "Contributions Notes for Employers" Booklet.
5. Where we are paying regular contributions, we understand that if any payment due is not received within 90 days of the due date or where D A Phillips & Co Ltd feel that non-payment is of material significance, then D A Phillips & Co Ltd may be required to advise The Pensions Regulator and the SSAS member. We understand that it is our responsibility to ensure D A Phillips & Co Ltd is provided with relevant information to monitor payments and that should we fail to provide it we may also be reported to the Pensions Regulator.

Signed for and on behalf of employer

Name

Capacity

Date

C. Third Party contributions

Please complete this section if your personal contributions will be paid to your SSAS by a third party other than your employer.

Title

Forenames

Surname

Date of Birth

Address

	<input type="text"/>	Postcode	<input type="text"/>
Organisation name	<input type="text"/>		
Registered Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Trading Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

Please tick the box to confirm that the company is listed on a recognised EEA regulated market e.g. the London Stock Exchange

It is presumed that the entity making the contribution(s) is subject to the laws of England and Wales. If this is not the case, please indicate below the legal jurisdiction to which the entity is subject to:

You will need to supply documentary evidence of the identity of the third party.

Declaration by third party:

I agree to D A Phillips & Co Ltd carrying out checks to establish proof of my identity and residence. Should these checks prove unsatisfactory, I will be required to provide proof of identity to the satisfaction of D A Phillips & Co Ltd, who may at its sole discretion determine whether to accept the contribution.

Signature of third party	<input type="text"/>
Name	<input type="text"/>
Date	<input type="text"/>

Please note cheques are banked on the date of receipt.

4. EXPRESSION OF WISH

On your death, your remaining Individual Funds (“your funds”) will be applied in accordance with the rules of the SSAS. Within the overall limits of the tax legislation, the rules give wide discretion over the exact form of benefits and the recipients. Any nomination you make in this form is not binding on the SSAS, but will be considered carefully.

This form allows there to be the widest range of beneficiaries and options possible. For example a spouse may decide that on the death of the SSAS member they do not wish to receive all the benefits from the Plan. To enable the Trustees to consider paying funds from the Plan to the children and/or grandchildren on the spouses request these children and/or grandchildren should be named on this form.

This nomination revokes any previous nomination.

Part 1: Nomination(s)

I hereby nominate as beneficiaries of the Plan:

1.1 my husband/wife	<input type="text"/>	(“Spouse”);
Civil partner	<input type="text"/>	(“Civil partner”)
1.2 my children	<input type="text"/>	(“Children”)
	<input type="text"/>	
	<input type="text"/>	
1.3 my grandchildren	<input type="text"/>	(“Grandchildren”)
	<input type="text"/>	
	<input type="text"/>	
1.4 named	<input type="text"/>	(“Other
individuals	<input type="text"/>	Beneficiaries”) and
	<input type="text"/>	
	<input type="text"/>	
1.5 the trustees for the time being of a settlement dated		made between
(1) and	(2) (“the settlement”)	and known as
		and the beneficiaries of the Settlement.

and / or I nominate the following charities to receive the benefits of my Plan:

<input type="text"/>	(“Charities”)
<input type="text"/>	

Part 2: My Aims

2.1 At this point, it is difficult for me to provide any clear guidance as to the exact steps that I would like you to take in relation to my funds in the Plan, as I cannot be certain of the tax or pension rules that will apply on my death or what the circumstances of my family at the time will be. However, in broad terms, my wishes are as follows.

2.2 It is my primary intention to benefit my family as outlined below in a protective and efficient way, minimising tax and other tax charges as far as possible so that my family receive the maximum benefit overall from the Plan.

2.2.1 If my Spouse / Civil Partner survives me

I would like 100% of the fund in the Plan to be available for my Spouse's / Civil Partner's primary benefit during his / her lifetime. If my Spouse / Civil Partner so wishes, please consider making the funds in the Plan available to my Children [and / or my Grandchildren].

2.2.2 If my Spouse / Civil Partner fails to survive me or does not wish to benefit from the whole of the Plan

I would like 100% of the funds in the Plan not required by my Spouse / Civil Partner to be available for my Children's equal primary benefit during their lifetime. If any of my Children so requests, please consider making the funds in the Plan available to his / her children.

2.2.3 If my Spouse / Civil Partner and Children fail to survive me or do not wish to benefit from the whole of the Plan

I would like 100% of the funds in the Plan not required by my Spouse / Civil Partner and my Children to be available for my Grandchildren so that each branch of my family receives an equal share of the Plan.

2.2.4 If my Spouse / Civil Partner, /and Children and Grandchildren fail to survive me or do not wish to benefit from the whole of the Plan

I would like 100% of the funds in the Plan to be made available for the Other Beneficiaries in the following proportions:

Other beneficiary	Proportion
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2.3 I would like 100% of the funds to be made available to the charities in the following proportions:

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

2.4 I would like the Trustees to consider the following (please complete this box if your wishes have not been stated in full on the previous pages)

Part 3: Availability of drawdown

A beneficiary may wish to take drawdown as an alternative to receiving a lump sum. The tax legislation will only allow this if the beneficiary qualifies as a dependant or nominee.

I want the SSAS to be able to offer drawdown to any beneficiary, whether or not they are a dependant and / or specifically nominated by me.

I understand that this Nomination and Expression of Wish does not bind the Trustee or Scheme Administrator of the Plan, but will help them pay out benefits in line with my wishes.

5. DECLARATION

1. To the best of my knowledge and belief the information in this form is true and complete.
2. I am not disqualified to act as a company director. I am not an un-discharged bankrupt.
3. I confirm that by completing this application, I agree to become a member of the SSAS and I agree to be bound by its Trust Deed and Rules, as amended from time to time.
4. I agree to my appointment as a trustee of the SSAS. As a Trustee I authorise D A Phillips & Co Ltd to register the SSAS on behalf of the Trustees.
5. I authorise my previous employer, any insurer or other pension provider to disclose to D A Phillips & Co Ltd any details they request about the benefits provided to me.
6. I agree to the appointment of D A Phillips & Co Ltd as independent trustee and administrator of the SSAS.
7. I agree to checks being carried out to establish proof of my identity and residence. Should these checks prove unsatisfactory, I will be required to provide proof of identity to the satisfaction of D A Phillips & Co Ltd, who may at its sole discretion determine whether to accept my application.
8. I fully understand and agree that in all circumstances:
 - a. I (together with the other members of the SSAS) am solely responsible for all decisions relating to the purchase, retention and sale of the investments held in the SSAS for my benefit, and
 - b. I, together with the other members of the SSAS, indemnify D A Phillips & Co Ltd and DP Administration Ltd against any claim in respect of such decisions.
9. I will not require, nor attempt to require, the withdrawal of funds or assets held to provide benefits for me under the SSAS, or the income on those funds or assets, other than in accordance with the rules of the SSAS. If an unauthorised payment is made from my SSAS, I agree that any charges levied by HM Revenue & Customs may be taken out of my SSAS bank account held for my benefit and that D A Phillips & Co Ltd may realise any of the investments held for my benefit in order to pay those charges. If there are insufficient funds available in my SSAS, I agree to pay D A Phillips & Co Ltd the difference between the total charges due and the amount available in my SSAS.
10. I accept that D A Phillips & Co Ltd and DP Administration Ltd will correspond with the Financial Adviser detailed in Part 2 of Form A, unless I give written notice to the contrary.
11. I confirm that I am giving my permission for DP Administration Ltd and D A Phillips & Co Ltd to process my personal data in accordance with the General Data Protection Regulation (see Note 1 below).
12. I will notify D A Phillips & Co Ltd in writing (within 30 days) if:
 - a. There is a change in my employment status;
 - b. There is a change in my permanent residential address;
 - c. I lose or give up the right to enhanced protection or fixed protection.
13. I declare that the information provided in this form, and any other documents completed in connection with it, to the best of my knowledge and belief, are correct and complete.
14. I understand it is a serious offence to make false statements; the penalties are severe and could lead to prosecution.

In respect of a transfer payment;

15. I authorise and instruct you to transfer sums and assets from the plan(s) as listed directly to D A Phillips & Co Ltd and to provide any instructions and/or discharge required by any relevant third party to do so.
16. I authorise D A Phillips & Co Ltd, the provider of the plan(s) listed and any financial intermediary named in this application to obtain from each other and release to each other, any information that may be required to enable the transfer of sums and assets to D A Phillips & Co Ltd.
17. I authorise D A Phillips & Co Ltd, the provider of the plan(s) listed and any employer paying contributions to any of the plans as listed to obtain from each other, and release to each other any information that may be required to enable the transfer of sums and assets to D A Phillips & Co Ltd.
18. Until this application is accepted and complete, D A Phillips & Co Ltd's responsibility is limited to the return of the total payment(s) to the provider of the plan(s) listed.
19. When payment is made to D A Phillips & Co Ltd as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the Plan(s) listed where the whole of the Plan is transferring, or that part of the Plan(s) represented by the payment(s) if only part of the Plan(s) is transferring.
20. I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that D A Phillips & Co Ltd and the current provider may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any

aspect of this application. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.

21. If I have taken benefits from any pension arrangement, with the current or any other pension provider, in a way which means I am subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me.
22. If I am transferring a capped drawdown arrangement (s) to a flexi-access drawdown arrangement (s), I will be subject to the Money Purchase Annual Allowance (MPAA) from the date of my first flexi-access payment, or if I am already subject to the MPAA, I have supplied the date the MPAA first applied to me.

Where you are receiving advice from an FCA regulated Financial Adviser;

23. I confirm that I have received a positive recommendation to transfer my pension plan(s).

Note 1: General Data Protection Regulation

Details regarding the personal information that we collect about you and how it is used can be found in our Privacy Notice which is included in the Service Agreement for your SSAS. It can also be found on our website at <http://www.dapco.co.uk/privacy>

Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		

NOTES

DP Administration Ltd is registered in England at Bridewell House, Bridewell Lane, Tenterden, Kent TN30 6FA. Registered No. 4622475.

D A Phillips & Co Ltd is registered in England at Bridewell House, Bridewell Lane, Tenterden, Kent TN30 6FA. Registered No 2120249.

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