

MEMBER'S APPLICATION FORM

SMALL SELF ADMINISTERED SCHEME



PART 1 - PERSONAL DETAILS

1. EMPLOYER NAME:		
2. PLAN NAME:		
3. MEMBERS FULL NAME:		
4. HOME ADDRESS:		
5. DATE OF BIRTH:	/ /	
6. SEX:	MALE / FEMALE	
7. MARITAL STATUS:	Single / Married / Widowed / Divorced	
	Spouse's D.O.B. / / (if applicable)	
8. NATIONAL INSURANCE NUMBER		
9. DATE YOU JOINED YOUR EMPLOYER'S SERVICE	/ /	
10. YOUR NORMAL RETIREMENT AGE		
11. a) Are you or have you ever been a Director of any Company participating in this Plan or of any Company which controls such a Company	YES / NO	
b) Are you or have you ever been a 20% Director within the last ten years	YES / NO	
c) If you have ceased to be such a 20% Director, please state when	/ /	
12. a) Your current annual basic salary per year	£	
b) For each of the past three years. Please provide details of your basic salary and fluctuating pensionable earnings.		
	BASIC SALARY	FLUCTUATING PENSIONABLE EARNINGS
YEAR TO / /	£	£
YEAR TO / /	£	£
YEAR TO / /	£	£

PART 2 - PROPOSED CONTRIBUTIONS

£
Employers Ordinary Annual Contribution for this Member
£
Employers Special Contribution for this Member
£
Total Initial Contribution for this Member
£
Details of any Member Contribution

PART 3 – APPOINTMENT AS TRUSTEE

I confirm that I am over 18 years of age and legally capable of holding a property. I do not have:

- ? ***Any convictions for dishonesty or deception;***
- ? ***Any un-discharged bankruptcy orders;***
- ? ***Have not been disqualified from being a Company Director;***
- ? ***Have not been disqualified from acting as a Trustee by the Pensions Regulator;***
- ? ***I am not the Plan's Auditor or Actuary.***

Name

Signature

Date

PART 4 - EMPLOYER DECLARATION

We hereby confirm that it is our intention to offer membership to the aforementioned employee and to pay initial contributions to the Plan as shown in Part 2 above.

We hereby consent to Kenver Ltd obtaining from the Administrators / Trustees / Practitioner of any pension scheme of the Company any information they require in order to establish and administer the

_____ (Plan Name)

Signed _____ Signed _____
Director Director / Secretary

on behalf of _____ Date _____
Company Name

PART 5 - MEMBER DECLARATION

I hereby apply for membership of the _____
(Plan Name) ***and agree to be bound by the Rules of the Plan.***

I declare that the statements on this Application are to the best of my knowledge true and complete.

I hereby consent to Kenver Ltd obtaining from the Administrators / Trustees / Practitioner of any of my previous pension arrangements outlined in Section 6 below, any information they require in order to establish and administer this Scheme.

Name Signature Date

PART 6 - BENEFITS FROM ALL OTHER PENSION ARRANGEMENTS

Are you or have you ever been a member of a pension scheme of this or any other employer or have you made contributions to a pension policy of your own? If yes, please provide the following information	YES / NO		
	Arrangement 1	Arrangement 2	Arrangement 3
Name of Arrangement			
Insurance Company/Administrator			
Policy No. or Reference No.			
Type of arrangement			
Any other details you may know			

PART 8– Nomination of Beneficiaries

NOMINATION OF BENEFICIARIES ON DEATH	
<p>I (full name) wish to nominate the person (or the people) in the proportions stated below to receive my cash sum payable on my death. I understand that this nomination will not be binding on the Trustees, but they will take account of my wishes. In addition, I hereby indemnify the Trustees of the against any claims that are made against them, so long as they act in good faith.</p>	
NAME	
ADDRESS	
	POST CODE
RELATIONSHIP TO ME (IF ANY)	
<input style="width: 90%; border: 1px solid black;" type="text" value=" "/> %	
NAME	
ADDRESS	
	POST CODE
RELATIONSHIP TO ME (IF ANY)	
<input style="width: 90%; border: 1px solid black;" type="text" value=" "/> %	
NAME	
ADDRESS	
	POST CODE
RELATIONSHIP TO ME (IF ANY)	
<input style="width: 90%; border: 1px solid black;" type="text" value=" "/> %	

Signed Date

PART 9– Money Laundering (Individual)

(Note : Please complete Part 7 in respect of each member of the SSAS **and in respect of any controlling shareholders who are not members.**) (* Delete as applicable)

Client Details

Title	Mr / Mrs / Miss / Ms / Dr / Other *				
If other, please specify					
Forename(s)					
Surname					
Gender	Male / Female *				
Permanent Residential Address					
	Postcode				
Daytime Telephone	()				
Mobile Telephone	()				
Fax Number	()				
Date of Birth	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				

I/We certify that I/We have verified the identity of the applicant and, having (Please tick)

- a) seen the original documents;
- b) checked that any requiring a signature were pre signed; and
- c) confirmed that any associated photograph of the applicant bore a good likeness to the applicant,

have included the relevant reference information and certified documentary evidence on/with this certificate.

Introducer Details

Full name of company	
Name of Regulator	
FSA Registration Number	

Signature *		Date			
Print Name					

***Please note the person who has signed this form must be the person who has seen the original documentary evidence**

Part 9Continued : Money Laundering (Individual)

Evidence of Name	Reference / account number	Place of Birth	Date of birth	Date of expiry	Please tick to confirm certified copy is attached (2)
Current Full signed passport			/ /	/ /	
Residence permit issued to EU nationals by home office				/ /	
Current UK/EU Photo Driving Licence (1)				/ /	
Current Full UK Driving Licence (old Style) (1)				/ /	
State Pension or Benefits Book/ notification letter (1)		Issuing Authority		/ /	
Inland Revenue tax notification		Type: P45 / P60 / Notice of coding (3)		/ /	

Evidence of Address	Reference / account number			Date of Visit	Please tick to confirm certified copy is attached (2)
Home Visit			Premises entered? Y/N	/ /	
Electoral roll check (4)				Date of Check	
Most recent mortgage Statement		Name of Lender	Address Current? Y/N	Date of Issue	
Current Local Authority tax Bill		Name of Authority	Address Current? Y/N	Date of Issue	
Local Authority rent card or tenancy agreement		Name of Authority	Address Current? Y/N	Date of Issue	
Bank/building society/credit union statement or passbook		Name of Issuer	Address Current? Y/N	Date of Issue	
Utility bill (not mobile phone)		Name of utility	Address Current? Y/N	Date of Issue	
Current UK/EU Photo Driving Licence (1)			Address Current? Y/N	Date of Issue	
Current Full UK Driving Licence (old Style) (1)			Address Current? Y/N	Date of Issue	
State Pension or Benefits Book/ notification letter (1)		Issuing Authority	Address Current? Y/N	Date of Issue	

Notes

- (1) These items may be used to evidence address or identity but not both
- (2) If attaching certified copies of the evidence please also record the relevant details on this sheet as this will help with record keeping in the event that copy documents become detached from the certificate.
- (3) Please delete as applicable