

# SSAS Contribution Application Form

Please use this form if you, your employer or a third party intends to make single or regular contributions to your SSAS.

**Please note:** you or 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 your pension scheme.

**Please complete this form accurately and fully.** Failure to provide relevant information will delay us processing your contribution and we may return the form and any payment to you.

## Your personal details

Title (circle or insert as appropriate)	Mr	Mrs	Ms	Miss	Other:
Forename					
Middle Name(s)					
Surname					
National Insurance Number					
Permanent Residential Address					
		Postcode			
Daytime Phone Number		Mobile Number			
Email Address					
Pension Scheme Name					

## Protection From The Lifetime Allowance

Do you have Enhanced Protection?

Do you have Fixed Protection?

If you have Enhanced Protection, Fixed Protection 2012, 2014 or 2016 any contribution made to this scheme 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?

If Yes, please confirm the date the MPAA first applied to you.

Are you subject to the Tapered Annual Allowance?   
Please refer to the Tapered Annual Allowance Information Sheet for further details

## 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 scheme. 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						(please complete our standing order form)

## Carry Forward

If you are using Carry Forward please complete the additional information at the end of this form.

## 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)	<input type="text"/>

## 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 pension scheme. 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						

## Carry Forward

If you are using Carry Forward please complete the additional information at the end of this form.

## Employer Contributions Continued

Company Name	<input type="text"/>		
Registered Number	<input type="text"/>	Contact Name	<input type="text"/>
Registered Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Phone Number	<input type="text"/>		

If the company is listed on a recognised EEA regulated market e.g. the London Stock Exchange please tick the box.

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	<input type="text"/>
Date the first contribution will be deducted	<input type="text"/>
Month which the first payment will relate to	<input type="text"/>

### 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 the "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**

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

### 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	<input type="text"/>	
Forenames	<input type="text"/>	
Surname	<input type="text"/>	
Date of Birth	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Organisation name	<input type="text"/>	
Registered Address	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>

If the company is listed on a recognised EEA regulated market e.g. the London Stock Exchange please tick the box.

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.

## Initial Adviser Charge to be paid directly from the SSAS

Please complete this section if you have agreed to pay your Financial Adviser for the initial advice and services that your Financial Adviser has provided to you in relation to the contribution(s). Please select one of the following options:

**A percentage** of each contribution payment received  %

**A fixed amount** of each contribution payment received

**Another basis** agreed with your Financial Adviser (give details below)

## Agreement & Declaration

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.
- d. I agree to D A Phillips & Co Ltd carrying out checks to establish proof of my identity and residence, and those of my employer where employer contributions are to be paid. 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.
- e. 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.
- f. I declare that the information provided in this form, and any other documents completed in connection with it is, to the best of my knowledge and belief, correct and complete.
- g. I understand it is a serious offence to make false statements; the penalties are severe and could lead to prosecution.

Member Signature

Member Name

Date

# Carry Forward

## FOR COMPLETION WHERE THE MEMBER IS 'CARRYING FORWARD' UNUSED ANNUAL ALLOWANCE FROM PREVIOUS TAX YEARS

### Applicant

Full Name

Total gross contribution to be paid in the current tax year (all schemes you contribute to)

If you are subject to the Tapered Annual Allowance your Tapered Annual Allowance for the current tax year

### Carry Forward

Please complete the section below confirming the total gross contributions paid in the three previous tax years. If you were subject to the Tapered Annual Allowance in any of the three previous tax years please confirm the amount applying to you.

Tax Year	Contribution paid	Remaining unused Annual Allowance for the tax year	Amount of Tapered Annual Allowance if applicable

I confirm I was a member of a registered pension scheme in the tax years I am carrying forward unused relief

### Signature

Members Signature

Date

Note 1-If you have flexibly accessed your pension savings and have triggered the Money Purchase Annual Allowance Rules (MPAA) your annual allowance will have reduced from £40,000 to £4,000 per annum for money purchase schemes.

Note 2 - If you are subject to the tapered annual allowance (as your adjusted income in a tax year exceeds £240,000) your annual allowance will be reduced by £1 for every £2 of adjusted income above £240,000. The maximum reduction in the annual allowance is £36,000, giving a tapered annual allowance of £4,000.

Please return your completed form to:

D A Phillips & Co Ltd  
Bridewell House  
Bridewell Lane  
Tenterden  
Kent TN30 6FA

Tel 01580 762 555  
Fax 01580 766 444

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Member of the Association of Member Directed Pension Schemes (AMPS)