

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.

There are penalties if you, your employer or a third party together contribute more than the Annual Allowance to all your pensions unless you have the carry forward allowance (unused annual allowance from the previous three tax years). You must have been a member of a registered pension scheme in the tax year(s) that you are using carry forward for. It is your responsibility to ensure that the amount you contribute does not exceed the annual allowance or any available carry forward annual allowance taking into account any adjustments that you need to make if you are subject to the money purchase annual allowance or tapered annual allowance.

Please contact us if you would like this document in an alternative format.

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					

Annual Allowance

Are you subject to the Money Purchase Annual Allowance (MPAA) rules as you have flexibly accessed your pension savings? Yes No

Contribution Details

Please confirm the type and amount of contribution that you wish to make:

Personal (gross)	<input type="checkbox"/>	Employer (gross)	<input type="checkbox"/>	Third Party (gross)	<input type="checkbox"/>
Amount		£ <input type="text"/>			

Please confirm how often the contributions are to be made:

Single	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Annually	<input type="checkbox"/>
Start date for regular contribution		<input type="text"/>					(please set up a standing order online)

Should you wish to change the level or type of contribution that is paid to your SSAS at any time please let us know.

Personal Contributions – Only complete for 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.

Occupation and Eligibility

Occupation	<input type="text"/>			
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	<input type="text"/>	

Employer Contributions – Only complete for Employer contributions

Please confirm the type of legal entity that will be making the payment

Public Company (quoted)	<input type="checkbox"/>	Public company (unquoted)	<input type="checkbox"/>	Private Limited Company	<input type="checkbox"/>
Limited Liability Partnership	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other	<input type="checkbox"/>

If Other, please provide further details

Company Name			
Registered Number		Contact Name	
Registered Address			
		Postcode	

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 these must be paid to the pension scheme by the 22nd (19th if you pay by cheque) day of the next month. You may be fined by The Pensions Regulator if you don't pay by the time you've agreed. For further information please refer to the 'Contribution Notes for Employers' which can be found on our website.

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 DP Administration Ltd within 30 days of the Member ceasing to be employed by us or where contributions are reduced, increased or terminated.
3. We agree to DP Administration 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 DP Administration 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 DP Administration Ltd feel that non-payment is of material significance, then DP Administration Ltd may be required to advise The Pensions Regulator and the SSAS member. We understand that it is our responsibility to ensure DP Administration 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	

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			
		Postcode	

Declaration by third party:

I agree to DP Administration 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 DP Administration Ltd who may at its sole discretion determine whether to accept the contribution.

Signature of third party	
Name	
Date	

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)

Investments

Please confirm below what should happen when contribution funds are received:

Contribution funds should remain in the SSAS bank account

Contribution funds should be transferred to the following investment account

If we do not receive confirmation of how the contribution funds should be invested they will remain in the SSAS bank account until we receive instructions on how to invest them.

Agreement & Declaration

- I will notify DP Administration 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 DP Administration 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 DP Administration Ltd who may at its sole discretion determine whether to accept my application.
 - 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.

h. I understand that it is my responsibility to ensure that the contributions paid to my plan do not exceed the annual allowance or any available carry forward annual allowance after taking into account any adjustments required if I am subject to the money purchase annual allowance or tapered annual allowance. I will notify DP Administration Ltd immediately should I become aware that an overpayment has been made.

Signature		Date	
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DP Administration Ltd is registered in England
Registered No. 07967309

Please return your completed form to:

DP Administration Ltd
Bridewell House
Bridewell Lane
Tenterden
Kent TN30 6FA

Tel 01580 762 555
Fax 01580 766 444

www.dapco.co.uk
enquiries@dapco.co.uk