

# SSAS

Small Self-Administered Scheme

## Application Form

Please complete **ALL** of this form if you wish to apply for a D A Phillips & Co Ltd SSAS.





# SSAS Application Form

This form should be completed on behalf of the employer which is establishing the SSAS, or, if it is a takeover of an existing SSAS, by the current principal employer. In addition to this form, each member of the SSAS must also complete our **SSAS Member Form**. Please note that the form needs to be completed in **FULL** to enable the SSAS to be registered with HM Revenue & Customs (HMRC) if it is not the process will take much longer.

## 1. BASIC SSAS INFORMATION

Please provide the basic information for the SSAS.

<b>Full Name of SSAS</b>	<input type="text"/>
	<input type="text"/>
Number of Members	<input type="text"/>

Please indicate by checking one of the boxes whether the SSAS is:

A new SSAS, or	<input type="checkbox"/>	Please complete sections 1-9 & 11 and SSAS Member Form
A takeover SSAS	<input type="checkbox"/>	Please complete sections 1-5, 8, 10 & 11 and SSAS Member Form

### Main contact details for general SSAS correspondence

Contact name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Daytime Phone Number	<input type="text"/>	Fax	<input type="text"/>
Email Address	<input type="text"/>		

## 2. FINANCIAL ADVISER DETAILS

Please provide the name and address of your Financial Adviser, if applicable.

Company/Firm Name	<input type="text"/>	FCA No	<input type="text"/>
Network Name (if appropriate)	<input type="text"/>	FCA No	<input type="text"/>
Individual adviser name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Email Address	<input type="text"/>	Phone No	<input type="text"/>

### 3. AUTHORITY ON THE SCHEME

If you wish to permit another person to discuss your scheme with us please complete the following information

Name	<input type="text"/>		
Relationship	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
E-mail Address	<input type="text"/>	Phone	<input type="text"/>
Special Instructions	<input type="text"/>		

### 4. PRINCIPAL EMPLOYER DETAILS

Please provide the details of the company who will act as the Principal Employer for the SSAS.

Company Name	<input type="text"/>		
Corporation / Partnership Tax Reference Number	<input type="text"/>		
Registered Office	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Has the company been at the address for over 12 months?	<input type="text"/> Yes / No		
Correspondence Address (if different from above)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Company Phone Number	<input type="text"/>	Fax	<input type="text"/>
Company Email Address	<input type="text"/>		
Nature of Business	<input type="text"/>		
Co. Registration Number	<input type="text"/>	Co. Year End	<input type="text"/>
Has the company been dormant in the last 12 months?	<input type="text"/> Yes / No		
Number of Employees	<input type="text"/>		
PAYE Reference	<input type="text"/>		
VAT Reference (if applicable)	<input type="text"/>		
Is the company registered for tax with HMRC?	<input type="text"/> Yes / No		
Full Name of Auditor	<input type="text"/>		
Contact Name of Auditor	<input type="text"/>		
Auditor Address	<input type="text"/>		
	<input type="text"/>		

		Post Code	
Auditor Phone Number		Fax	
Auditor Email Address			

Please note that details on **ALL** the Directors of the Principal Employer are required when registering the SSAS with HMRC and therefore if there are more Directors than the five spaces below please list the Directors in the notes section on the last page of this application form.

Director Name		Date of Birth	
National Insurance Number		UTR Number	
If the Director is not a Member of the Pension Scheme then please provide the following: <ul style="list-style-type: none"> <li>- Home address (previous address if less than 1 year)</li> <li>- Email address</li> <li>- Contact number</li> </ul>			

Director Name		Date of Birth	
National Insurance Number		UTR Number	
If the Director is not a Member of the Pension Scheme then please provide the following: <ul style="list-style-type: none"> <li>- Home address (previous address if less than 1 year)</li> <li>- Email address</li> <li>- Contact number</li> </ul>			

Director Name		Date of Birth	
National Insurance Number		UTR Number	
If the Director is not a Member of the Pension Scheme then please provide the following: <ul style="list-style-type: none"> <li>- Home address (previous address if less than 1 year)</li> <li>- Email address</li> <li>- Contact number</li> </ul>			

Director Name		Date of Birth	
National Insurance Number		UTR Number	
If the Director is not a Member of the Pension Scheme then please provide the following: <ul style="list-style-type: none"> <li>- Home address (previous address if less than 1 year)</li> <li>- Email address</li> <li>- Contact number</li> </ul>			

Director Name		Date of Birth	
National Insurance Number		UTR Number	

If the Director is not a Member of the Pension Scheme then please provide the following:

- Home address (previous address if less than 1 year)
- Email address
- Contact number

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## 5. PARTICIPATING EMPLOYER DETAILS

Please complete this section if you want another employer (in addition to the Principal Employer) to participate in the SSAS. If there is more than one participating employer, then please continue on a separate sheet.

Company Name			
Corporation / Partnership Tax Reference Number			
Registered Office			
	Postcode		
Has the company been at the address for over 12 months?	Yes / No		
Correspondence Address (if different from above)			
	Postcode		
Company Phone Number	Fax		
Company Email Address			
Nature of Business			
Co. Registration Number	Co. Year End		
Has the company been dormant in the last 12 months?	Yes / No		
Number of Employees			
PAYE Reference			
VAT Reference (if applicable)			
Is the company registered for tax with HMRC?	Yes / No		
Full Name of Auditor			
Contact Name of Auditor			
Auditor Address			
	Post Code		
Auditor Phone Number	Fax		

## 6. TRUSTEE DETAILS

Please provide the names of the Trustees of the SSAS. Each Trustee named below that is also a member must complete our SSAS Member Form. Please note that all Trustees will only be active members when they have funds in the SSAS. If there are more Trustees than the five spaces below please list the further members in the notes section on the last page of this application form.

Trustee Name	<input type="text"/>		
UTR No.	<input type="text"/>	Member	<input type="text" value="Yes / No"/>
Trustee Name	<input type="text"/>		
UTR No.	<input type="text"/>	Member	<input type="text" value="Yes / No"/>
Trustee Name	<input type="text"/>		
UTR No.	<input type="text"/>	Member	<input type="text" value="Yes / No"/>
Trustee Name	<input type="text"/>		
UTR No.	<input type="text"/>	Member	<input type="text" value="Yes / No"/>
Trustee Name	<input type="text"/>		
UTR No.	<input type="text"/>	Member	<input type="text" value="Yes / No"/>

## 7. INITIAL CONTRIBUTIONS FOR NEW SSAS

Only complete this section if this is an application for a new SSAS. Please provide details of the proposed first contributions for each member. Please note that if a member has enhanced or fixed protection, then the protection will be lost if a contribution is paid for them.

Member Name	<input type="text"/>	Amount	<input type="text" value="£"/>
Member Name	<input type="text"/>	Amount	<input type="text" value="£"/>
Member Name	<input type="text"/>	Amount	<input type="text" value="£"/>
Member Name	<input type="text"/>	Amount	<input type="text" value="£"/>
Member Name	<input type="text"/>	Amount	<input type="text" value="£"/>

## 8. INITIAL TRANSFER IN FOR NEW SSAS

Only complete this section if this is an application for a new SSAS. Please provide details of the proposed transfer ins for each member.

Member Name	<input type="text"/>	Amount	<input type="text" value="£"/>
Member Name	<input type="text"/>	Amount	<input type="text" value="£"/>
Member Name	<input type="text"/>	Amount	<input type="text" value="£"/>
Member Name	<input type="text"/>	Amount	<input type="text" value="£"/>
Member Name	<input type="text"/>	Amount	<input type="text" value="£"/>

## 9. SSAS BANK ACCOUNT

Every SSAS needs to have its own bank account. D A Phillips & Co Ltd is a mandatory signatory on the account together with each of the member trustees. We can set up an interest bearing cheque account with a bank that we use regularly. Alternatively you can use another bank of your choice provided they offer a suitable account.

We use Metro Bank as our SSAS nominated current account and therefore would you like to use this bank?

Yes / No

If "No", then please complete the following:

Bank Name	<input type="text"/>		
Contact at bank	<input type="text"/>		
Bank Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Phone Number	<input type="text"/>
Email	<input type="text"/>		

If duplicate copies of bank statements are required, please state below the address that these should be sent to:

Contact name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>

## 10. INVESTMENT DETAILS FOR NEW SSAS

Only complete this section if this is an application for a new SSAS. Please indicate how you plan to invest it (if known)

		Estimated amount to be invested
1	<input type="checkbox"/> <b>Collective Investments</b> Please give investment manager details below	£ <input type="text"/>
2	<input type="checkbox"/> <b>Investment Manager / Stockbroker</b> Please give investment manager details below	£ <input type="text"/>
3	<input type="checkbox"/> <b>Commercial property</b> Please complete our Property Questionnaire	£ <input type="text"/>
4	<input type="checkbox"/> <b>Other investment (please specify)</b>	<input type="text"/>

Investment Manager	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Contact Name	<input type="text"/>		
Phone Number	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

## 11. ADDITIONAL INFORMATION FOR A TAKEOVER SSAS

Please complete this section if you want us to takeover an existing SSAS. If you do not have all of this information, we should be able to obtain it from the existing SSAS provider however please note that some SSAS providers will charge for providing information to another SSAS provider.

HMRC Registration Number

### Details of current SSAS Provider:

Current SSAS Provider Name

Contact Name

Address

Phone Number

Postcode

Fax

Email Address

### Details of the SSAS current bank account(s):

Bank Name

Account Number(s)

Sort Code

Account Name

Contact Name

Address

Phone Number

Postcode

Fax

### Please list below the current assets and liabilities of the SSAS:

Description

Value

Description

Value

Description

Value

Description

Value

Description

Value

### Please indicate the most recent split of the SSAS assets between the members:

Name

% or £

Name

% or £

Name

% or £

Name

% or £

Date of this split of fund



**Authority letter to current SSAS administrator / trustee:**

We will require your authority to enable us to obtain the necessary information to take over your SSAS. In order to do this, please write a letter to your current provider on your company headed paper. The letter should give the name of the SSAS and any reference number and include the wording below. Please arrange for the letter to be signed on behalf of the principal employer and by each trustee of the SSAS and then send the letter to us with this form.

Authority letter wording:

“We wish to appoint D A Phillips & Co Limited as the new Independent Trustee to the above SSAS. In this respect I should be grateful if you would provide D A Phillips & Co Limited with all the information they require in the takeover of the SSAS.”

Authority letter enclosed with this application form

**12. PRINCIPAL EMPLOYER DECLARATION**

This declaration should be signed by the Principal Employer and Trustees of the SSAS (as identified in section 3 & 5). References to “we” and “you” below are references to the employer and Trustees signing this declaration.

To the best of my knowledge and belief the information in this form is true and complete. None of the members listed in section 5 are either disqualified to act as a company director or are un-discharged bankrupts.

All members listed in section 5 will be appointed to act jointly with D A Phillips & Co Ltd as trustees and administrator of the SSAS

D A Phillips & Co Ltd is authorised to register the SSAS with HM Revenue & Customs (HMRC) on behalf of all of the trustees and may notify HMRC of the names of other trustees who will act as administrator.

DP Administration Ltd will perform the services set out in the Client Agreement.

I understand that once the SSAS is established, it will be administered in accordance with the Trust Deed and Rules.

I confirm that I am acting in accordance with the Memorandum and Articles of Association of the company or Partnership Agreement.

**Signed on behalf of the Principal Employer**

Name		Position	
Signature		Date	
Name		Position	
Signature		Date	
Name		Position	
Signature		Date	
Name		Position	
Signature		Date	

**Signed on behalf of the Trustee(s)**

Name		Member	Yes / No
Signature		Date	
Name		Member	Yes / No
Signature		Date	
Name		Member	Yes / No
Signature		Date	
Name		Member	Yes / No
Signature		Date	
Name		Member	Yes / No
Signature		Date	

**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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