

SSAS

Small Self-Administered Scheme

Member Form

Please complete 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.

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

Full Name of SSAS

Name of Principal Employer

1. BASIC INFORMATION

Title (circle or insert as appropriate)

Mr	Mrs	Ms	Miss	Other:
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Forename

Middle Name(s)

Surname

Permanent Residential Address

	Postcode	
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Time at this address

If less than three years, please provide previous address

	Postcode	
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Daytime Phone Number

Email Address

Date of Birth

Gender

National Insurance Number

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Nationality

Marital Status

SINGLE	MARRIED	REGISTERED CIVIL PARTNERSHIP	SEPARATED	DIVORCED	WIDOWED
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Spouse/Civil Partner full name

Spouse/Civil Partner date of birth

Occupation

Name of employer

Unique Tax Reference No.

Age you plan to take benefits

NB: If you leave this blank we will assume state pension age

Or immediately

(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 do not accept transfers from Defined Benefit Schemes or schemes that contain Guaranteed Minimum Pensions (GMPs). We will only accept transfers from schemes with Guaranteed Annuity Rates (GAR's) if a positive recommendation to transfer has been provided by an FCA regulated financial adviser.

If any initial adviser charge is to be paid in relation to the transfer(s) please ensure that the Initial Adviser Charges section is completed.

Transfer 1

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"/>
Estimated Transfer Value	£ <input type="text"/>		
Is this a full or partial transfer?	Full Transfer <input type="checkbox"/>	Partial transfer	<input type="checkbox"/>
Type of scheme being transferred	Personal pension <input type="checkbox"/>	Occupational <input type="checkbox"/>	Other <input type="checkbox"/>
If Occupational or Other please confirm the type of scheme being transferred	<input type="text"/>		
Does the transferring scheme contain any Safeguarded Benefits?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes please confirm the type of safeguarded benefit and ensure that the financial adviser section has been completed	GAR <input type="checkbox"/>	GMP	<input type="checkbox"/>
Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Is the transferring Plan a dependants or beneficiaries Plan?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Please confirm if you received advice from an FCA regulated Financial Adviser in respect of the transfer. If Yes your adviser will need to complete the Adviser Declaration	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Have you taken any benefits from the scheme?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes please confirm by what method you have taken the benefits	FAD <input type="checkbox"/>	UFPLS <input type="checkbox"/>	Capped <input type="checkbox"/>
FAD – Flexi Access Drawdown, UFPLS – Uncrystallised Fund Pension Lump Sum, Capped – 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	<input type="text"/>		

If benefits have been taken from the scheme and the scheme is not 100% in drawdown please confirm the approximate split of the funds

Funds in Drawdown %

Funds not in Drawdown %

Is the transfer a cash only transfer?

Yes

No

If No and assets are to be transferred in specie please refer to the of permitted investment section of our Investment list to make sure that each asset can be transferred to your SSAS. Please also provide us with a list of these assets for us to review. We may ask for additional information from you, your adviser, or the transferring scheme to be provided before we are able to confirm whether these can be accepted. This could result in a delay in the transfer process.

All transfers will be paper based transfers and we will require the transferring schemes Discharge Form to be sent to us before we are able to proceed with requesting the transfer. We are unable to obtain this form from the transferring scheme.

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 and Company:

FCA Number:

Date:

Transfer 2

Transferring scheme/Provider

Policy Number

HMRC Reference Number

Address

Postcode

Estimated Transfer Value £

Is this a full or partial transfer?

Full Transfer Partial transfer

Type of scheme being transferred

Personal pension Occupational Other

If Occupational or Other please confirm the type of scheme being transferred

Does the transferring scheme contain any Safeguarded Benefits?

Yes No

If Yes please confirm the type of safeguarded benefit and ensure that the financial adviser section has been completed

GAR GMP

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

Is the transferring Plan a dependants or beneficiaries Plan?

Yes No

Please confirm if you received advice from an 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

FAD UFPLS Capped

FAD – Flexi Access Drawdown, UFPLS – Uncrystallised Fund Pension Lump Sum, Capped – 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 and the scheme is not 100% in drawdown please confirm the approximate split of the funds

Funds in Drawdown %
Funds not in Drawdown %

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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 and Company:

FCA Number:

Date:

INITIAL ADVISER CHARGE TO BE PAID DIRECTLY FROM THE SSAS

This is the remuneration you have agreed to pay to your Financial Adviser for the initial advice and services that your Financial Adviser has provided to you in relation to the transfer(s). We will pay the initial adviser charges from your SSAS bank account once the relevant transfers have been paid into your Plan. Please select one of the following options:

<input type="checkbox"/>	A percentage of each transfer payment received	<input type="text" value=""/>	%
<input type="checkbox"/>	A fixed amount of each transfer payment received	<input type="text" value=""/>	£
<input type="checkbox"/>	Another basis agreed with your Financial Adviser (give details below)		
<input type="text" value=""/>			
<input type="text" value=""/>			

If one of the options above has been selected, we will require a bank authority signed by a signatory in order for us to release the funds from the Trustee bank account.

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: 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.

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" value=""/>				
	£				

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"/>
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Start date for regular contribution (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" value=""/>			
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 style="width: 300px;" 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		

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 D A Phillips & Co 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 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

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 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

Name

Date

Please note cheques are banked on the date of receipt.

INITIAL ADVISER CHARGES 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)

If one of the options above has been selected, we will require a bank authority signed by a signatory in order for us to release the funds from the Trustee bank account.

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.

4. EXPRESSION OF WISH

On your death, your remaining Individual Funds (“your funds”) in your SSAS will be applied in accordance with the trust deed and rules of the Scheme to provide lump sum and / or pension death benefits. Any nomination you make in this form is not binding on the Scheme, but will be considered carefully.

Your Expression of Wish can be changed in writing at any time by completing a new form. This nomination revokes any previous nomination.

Please refer to our SSAS Information Booklet Death Benefits for further information on the payment of death benefits which can be found on our website <https://www.dapco.co.uk>

Nomination(s)

On my death I would like to nominate the following person(s) below to receive any lump sum / and or pension death benefits available.

If you wish to name more beneficiaries than the form allows for please continue on a separate sheet.

Please ensure that the percentages in the section add up to 100%.

Individuals

Name	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
Date of Birth	<input type="text"/>	Relationship	<input type="text"/>	Percentage	<input type="text"/>
Name	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
Date of Birth	<input type="text"/>	Relationship	<input type="text"/>	Percentage	<input type="text"/>
Name	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
Date of Birth	<input type="text"/>	Relationship	<input type="text"/>	Percentage	<input type="text"/>

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Date of Birth	<input type="text"/>	Relationship	<input type="text"/>
		Percentage	<input type="text"/>

Charities

If you wish to nominate a registered charity to receive a lump sum if there are no surviving dependants at the time of your death please complete the details below. Any chosen charity must be a UK registered charity.

Charity name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Registered Charity number	<input type="text"/>	Percentage	<input type="text"/>

Trust Details

If you wish for the death benefits to be paid to a Trust please confirm the Trust's details below. We are not trust experts and cannot comment on whether the Trust will fulfil its purpose, you should take appropriate legal advice.

Name of Trust	<input type="text"/>		
Names of Trustees	<input type="text"/>		
	<input type="text"/>		
Date of Trust	<input type="text"/>	Percentage	<input type="text"/>

Additional Information

Please add any additional information below that you wish us to take into account or isn't covered by the above sections

Additional Information	<input type="text"/>
	<input type="text"/>

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).

In respect of contribution payment;

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 is, 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.
15. 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 D A Phillips & Co Ltd immediately should I become aware that an overpayment has been made.

In respect of a transfer payment;

16. 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
17. 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.
18. 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.
19. 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.
20. 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.
21. 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.
22. 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.
23. 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;

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

In respect of death benefits payment;

25. On my death I would like the Trustees to consider paying any benefits from my plan to the beneficiaries in the proportion(s) set out in this nomination.
26. I understand that if the Trustees choose a beneficiary who has not been named above, drawdown income would normally only be available in limited circumstances. In order to allow the Trustees to pay drawdown income to as wide a range of beneficiaries as possible, and for the purposes of the relevant tax legislation, I nominate any individual who is eligible to receive a lump sum on my death under the rules of the scheme. This nomination is in addition to those beneficiaries named above.
27. I understand that this Nomination and Expression of Wish does not bind the Trustee or Scheme Administrator of the Plan and that they have discretion to decide who should receive funds on my death but they will take the information in this form into consideration.
28. If I have disclosed information about another person I can confirm that I have obtained their consent to and informed them of the purposes for which their information will be processed.

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

Date

Name

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.

Phone: 01580 762 555.

Fax: 01580 766 444.

Email: enquiries@dapco.co.uk.

Website: www.dapco.co.uk

June 2023