

New SSAS – Principal Employer Form

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| Scheme Name: | |
|---------------------|--|

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|-----------------------------------|--|
| Principal Employer Name: | |
| Registration Number: | |
| VAT Number: | |
| PAYE Ref: | |
| Corporation Tax Ref: | |
| Registered Address: | |
| | |
| | |
| Trading Address: | |
| | |
| | |
| Nature of the Business: | |
| Number of Employees: | |
| Contact Name / Position: | |
| Contact Telephone / Email: | |

Please provide the details of **ALL** Directors/Partners of the Principal Employer below
(this information is required by HMRC when submitting the Scheme's application for registration):

| | |
|--|--|
| 1st Director/Partner Name: | |
| Date of Birth: | |
| NI Number: | |
| Unique Tax Reference (UTR): | |
| Residential Address: | |
| | |
| | |
| Telephone / Email: | |

New SSAS – Principal Employer Form

| | |
|--|--|
| 2nd Director/Partner Name: | |
| Date of Birth: | |
| NI Number: | |
| Unique Tax Reference (UTR): | |
| Residential Address: | |
| | |
| | |
| | |
| Telephone / Email: | |

| | |
|--|--|
| 3rd Director/Partner Name: | |
| Date of Birth: | |
| NI Number: | |
| Unique Tax Reference (UTR): | |
| Residential Address: | |
| | |
| | |
| | |
| Telephone / Email: | |

| | |
|--|--|
| 4th Director/Partner Name: | |
| Date of Birth: | |
| NI Number: | |
| Unique Tax Reference (UTR): | |
| Residential Address: | |
| | |
| | |
| | |
| Telephone / Email: | |

Please copy this page where there are more than 4 Company Directors or Partners

New SSAS – Principal Employer Form

If you wish to formally adhere additional Participating Sponsoring Employers to the Scheme, then please enter their details below

(this information is required by HMRC when submitting the Scheme's application for registration):

| | |
|-------------------------------------|--|
| Participating Employer Name: | |
| Registration Number: | |
| VAT Number: | |
| PAYE Ref: | |
| Corporation Tax Ref: | |
| Registered Address: | |
| | |
| | |
| Trading Address: | |
| | |
| | |
| Nature of the Business: | |
| Number of Employees: | |
| Contact Name / Position: | |
| Contact Telephone / Email: | |

Please provide the details of **ALL** Directors/Partners of the Participating Employer below

(this information is required by HMRC when submitting the Scheme's application for registration):

| | |
|--|--|
| 1st Director/Partner Name: | |
| Date of Birth: | |
| NI Number: | |
| Unique Tax Reference (UTR): | |
| Residential Address: | |
| | |
| | |
| Telephone / Email: | |

New SSAS – Principal Employer Form

| | |
|--|--|
| 2nd Director/Partner Name: | |
| Date of Birth: | |
| NI Number: | |
| Unique Tax Reference (UTR): | |
| Residential Address: | |
| | |
| | |
| | |
| Telephone / Email: | |

| | |
|--|--|
| 3rd Director/Partner Name: | |
| Date of Birth: | |
| NI Number: | |
| Unique Tax Reference (UTR): | |
| Residential Address: | |
| | |
| | |
| | |
| Telephone / Email: | |

| | |
|--|--|
| 4th Director/Partner Name: | |
| Date of Birth: | |
| NI Number: | |
| Unique Tax Reference (UTR): | |
| Residential Address: | |
| | |
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| | |
| Telephone / Email: | |

Please copy this and the previous page where there are more than 1 Participating Sponsoring Employers, or more than 4 Directors or Partners of the Participating Sponsoring Employer

New SSAS – Principal Employer Form

Please indicate how will the SSAS be funded over the next 12 months?

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|---|--|
| Intended Contributions: | |
| Expected Pension Transfers: | |
| Approximate SSAS Value 12 months from now: | |

How will the SSAS' funds be invested?

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| Will the SSAS be investing in Commercial Property or Land? | |
| If yes, then please provide a brief summary: | |
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| Will the SSAS be making any Loans? | |
| If yes, then please provide a brief summary: | |
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| Will the SSAS be investing in Listed Securities? | |
| If yes, then please provide a brief summary: | |
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| Other than Cash Deposits, will the SSAS be investing in anything else (e.g. Gold)? | |
| If yes, then please provide a brief summary: | |
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