

DEFINED BENEFIT SSAS

INSTALLATION QUESTIONNAIRE -
ADDITIONAL INFORMATION

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Additional information required to register Scheme with HMRC.

HM Revenue & Customs (HMRC) require the additional information requested below to enable the Scheme to be registered. Please note these are the current requirements for HMRC registration and are subject to change.

The information captured on this form will be used by Rowanmoor to pass on to HMRC for the purposes of registering the Scheme. Personal information for directors of the employer, who are not members of the Scheme will be destroyed once registration has been confirmed and it will not be used for any other purpose. Other information supplied will be held in the strictest confidence and subject to the provisions of Data Protection Legislation. Please refer to the Group Privacy Notice for more information.

Please complete the Installation Questionnaire in full using BLOCK CAPITALS and dark ink.

1. EMPLOYER DETAILS

Name of Scheme: _____

Number of Members: _____

Please confirm the number of employees currently employed by the principal employer and any proposed additional participating employer.

Principal Employer: _____

Participating Employer: _____

Is the principal employer or any proposed additional participating employer registered for VAT? Yes No

If yes, please provide the VAT reference for the principal and any proposed additional participating employer.

Principal Employer: | | | | | | | | | | | | | | | | | | | | | |

Participating Employer: | | | | | | | | | | | | | | | | | | | | | |

If the principal employer or any proposed additional participating employer has been at the address detailed on the Installation Questionnaire for less than 12 months, please provide the previous address:

Address: _____

Postcode: _____

Has the principal employer or any proposed additional participating employer been dormant for any period during the last 12 months? Yes No

If yes, please provide details.

2. COMPANY DIRECTORS

Please complete the following information for all directors of the principal and any proposed additional participating employer. Please photocopy these pages and complete for additional directors as required.

Forename(s): _____ Surname: _____

Address: _____

 Postcode: _____

If resident at the above address for less than 12 months, please provide the previous address:

Address: _____

 Postcode: _____

National Insurance Number: | | | | | | | | | | Unique Taxpayer Reference: | | | | | | | | | | | | | | | | | | | |

Date of Birth: | D | D | M | M | Y | Y | Y | Y |

If the Director does not have a Unique Taxpayer Reference number please confirm the reason:

Telephone: _____ Email: _____

Forename(s): _____ Surname: _____

Address: _____

 Postcode: _____

If resident at the above address for less than 12 months, please provide the previous address:

Address: _____

 Postcode: _____

National Insurance Number: | | | | | | | | | | Unique Taxpayer Reference: | | | | | | | | | | | | | | | | | | | |

Date of Birth: | D | D | M | M | Y | Y | Y | Y |

If the Director does not have a Unique Taxpayer Reference number please confirm the reason:

Telephone: _____ Email: _____

3. SCHEME MEMBERS

If any member has resided at the address detailed on the member questionnaire for less than 12 months, please provide the previous address. Please photocopy this page and complete for additional members as required.

Forename(s): _____

Forename(s): _____

Surname: _____

Surname: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Forename(s): _____

Forename(s): _____

Surname: _____

Surname: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Forename(s): _____

Forename(s): _____

Surname: _____

Surname: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Forename(s): _____

Forename(s): _____

Surname: _____

Surname: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Forename(s): _____

Forename(s): _____

Surname: _____

Surname: _____

Address: _____

Address: _____

Postcode: _____



Postcode: _____



3. SCHEME MEMBERS CONTINUED

Forename(s):	Forename(s):
Surname:	Surname:
Address:	Address:
Postcode:	Postcode:
Forename(s):	Forename(s):
Surname:	Surname:
Address:	Address:
Postcode:	Postcode:

Keeping in touch

Please tell your adviser if you change your postal address, telephone number or email address.
 If you no longer have an adviser, please contact us direct to ensure Rowanmoor holds your up-to-date contact details.
 It's especially important that we are able to send you information by email.
 Digital communication is fast, secure, environmentally friendly and costs less than print. Please let your adviser or us know if you have any problem receiving or reading digital communications like email or on-screen literature.

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