



**SSAS**  
MEMBER QUESTIONNAIRE

## SSAS MEMBER QUESTIONNAIRE

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

There are notes to help you. Any omission could delay the registration of the scheme with HM Revenue & Customs (HMRC) and any proposed investments in the scheme. Please initial any changes you make and do not use correction fluid if you make a mistake.

On completion, sign and date the Declaration before returning it to us with a completed Installation Questionnaire. An Installation Questionnaire is not required for a member joining an existing small self-administered scheme (SSAS) with Rowanmoor.

The information supplied will be held in the strictest confidence and subject to the provisions of Data Protection Legislation.

Name of Scheme:

---

Name of Member:

---

Principal Employer's Name:

---

This is part of a set of literature, all of which should be read together.

**Member Questionnaire**

Pages three to seven. The member should complete this section.

**Identity Verification Certificate**

Page nine. To be completed by a regulated UK or EU Intermediary. A separate certificate is required for the member and all parties to the contract.

**Installation Questionnaire**

An Installation Questionnaire should also be completed, unless the member is joining an existing Rowanmoor SSAS.

## 1. MEMBER DETAILS

Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Permanent Residential Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 National Insurance Number: | | | | | | | | | | Unique Taxpayer Reference: | | | | | | | | | |

The Unique Taxpayer Reference is only issued by HMRC when you register for self-assessment.  
 If you have multiple nationalities/citizenships please use the notes section on page ten.

Male  Female Nationality/Citizenship: \_\_\_\_\_

Date of Birth: | D | D | M | M | Y | Y | Y | Y | Occupation: \_\_\_\_\_

Marital Status:  
 Married/Civil Partnership  Single  Divorced  Widowed  Separated

Spouse/Civils Partner Date of Birth: \_\_\_\_\_ | D | D | M | M | Y | Y | Y | Y |

If you have already received pension benefits you may have triggered a Money Purchase Annual Allowance test.  
 Please provide a copy of the statement issued by the scheme Administrator, of the scheme which triggered this event, confirming the date of the first payment.

Are you subject to the Money Purchase Annual Allowance?  Yes  No

If 'YES' please confirm the date the first payment occurred: \_\_\_\_\_ | D | D | M | M | Y | Y | Y | Y |

## 2. EMPLOYER DETAILS

Please only insert name if different from that detailed on page two of this questionnaire.

Name of Employer: \_\_\_\_\_

Date you joined employer: \_\_\_\_\_ | D | D | M | M | Y | Y | Y | Y |

Are you a Director?  Yes  No Date you became a Director: \_\_\_\_\_ | D | D | M | M | Y | Y | Y | Y |

Please provide details of your shareholdings in the employer (if applicable): \_\_\_\_\_ % of Company owned

### 3. NOMINATION OF BENEFICIARIES

In the event of your death, please confirm the percentage split of any benefits you wish to be paid to your nominated beneficiaries. The trustees will consider the wishes expressed but shall not necessarily be bound by these. This will include offering the named dependant/beneficiary the option of a drawdown income or a lump sum. Where you wish the trustees to consider only offering a lump sum or a drawdown, please notify us in writing. If you do not complete this section the trustees will exercise their full discretion as to whom your benefits should be paid. This may include payment to your estate. Death benefits paid to a beneficiary are usually not liable to inheritance tax.

You may change your nominated beneficiaries in writing at any time. We will keep this information confidential.

Name of Member:

---

In the event of my death should there be an entitlement to a lump sum payment or beneficiary's pension I wish the payment/s to be made as follows:

Name of Dependant/Beneficiary	Relationship	%
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

#### Nomination of a Charity

If you wish to nominate a charity/charities this should be done now as it cannot be left to the trustees' discretion. If you need to provide further information please use the notes section on page ten. Should you require further information please seek financial advice from a suitably qualified professional. In the event of there being no surviving financial dependant the part of your fund not payable to a nominated beneficiary, as listed above, may instead be paid to a charity. If you wish to nominate a charity/charities please give the name(s) below.

Name of Charity	%
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

I understand that the Trustees will not be bound by this form and that it is only an expression of my wishes.

Signature:  \_\_\_\_\_

Date: \_\_\_\_\_ | D | D | M | M | Y | Y | Y | Y |

Print Name: \_\_\_\_\_

## 4. BENEFITS FROM OTHER SCHEMES

Please provide details of the benefits you have in other pension arrangements.

Transfers and assignments to the SSAS can only be made once the scheme has been registered with HMRC.

If you have more than one pension arrangement please photocopy this page for each additional pension plan and complete and sign each sheet. This will give us the authority required to contact the provider about all of your pension benefits.

You should seek financial advice, from a suitably qualified adviser, before making any transfers or assignments.

**Provider's full name and address**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Plan/Scheme Type: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Is this an occupational scheme?  Yes  No

Plan/Scheme Name (in full): \_\_\_\_\_

Plan/Scheme Number (in full): \_\_\_\_\_

Pension Scheme Tax Reference: | | | | | | | | | | | | | | | | | | | | | | Value of fund: £ \_\_\_\_\_

Do you wish to transfer this pension arrangement into your SSAS?  Yes  No

Does this represent the full value of the current plan/scheme?  Yes  No

A fund has been crystallised if any benefits have been taken, including pension commencement lump sum. We cannot accept a partial transfer of crystallised funds.

If 'YES' to 'all assets' or 'some assets', please provide a list of assets you wish to transfer 'in specie' in the notes section on page ten. 'In specie' transfer of assets can be a complex process involving several different parties and may take some time to complete. We reserve the right to make enquiries before proceeding with a transfer.

We will need to take any Pension Sharing or Pensions Earmarking Order into account when calculating your retirement benefits. If you answer 'YES' we reserve the right to make enquiries before proceeding with a transfer.

Some benefits, which are subject to protection of existing rights, may be lost if they are transferred or assigned to your SSAS. Please ensure you seek financial advice on matters relating to the protection of existing rights.

Have any funds been crystallised?  
 YES (all funds)  YES (some funds)  No

If 'YES' please confirm how they were crystallised:  
 Capped drawdown  Fixed-Access drawdown  Scheme Pension   
 Other  Please specify: \_\_\_\_\_

Is the transfer part of a block transfer?  Yes  No

Do you want to transfer assets 'in specie'?  
 YES (all assets)  YES (some assets)  No

**4. BENEFITS FROM OTHER SCHEMES (CONTINUED)**

Is the current plan/scheme subject to any existing or proposed trustee in bankruptcy orders, or earmarking, or pension sharing orders or other receiving orders?  Yes  No

Is the pension subject to any protection of existing rights?  Yes  No

If 'YES' please indicate what type:

- |   |   |  |
|---|---|--|
| Tax-Free Lump Sum <input type="checkbox"/>          | Enhanced Protection <input type="checkbox"/>        | Primary Protection <input type="checkbox"/>    |
| Member Pension Age <input type="checkbox"/>         | Lump Sum Death Benefit <input type="checkbox"/>     | Pension Credit Rights <input type="checkbox"/> |
| Fixed Protection 2012 <input type="checkbox"/>      | Fixed Protection 2014 <input type="checkbox"/>      | Fixed Protection 2016 <input type="checkbox"/> |
| Individual Protection 2014 <input type="checkbox"/> | Individual Protection 2016 <input type="checkbox"/> |  |

Does the plan contain any guaranteed annuity rates or guaranteed minimum pension rights?  Yes  No

**5. TRANSFER AUTHORITY**

I authorise and instruct you to transfer sums and assets from the plan(s) as listed in the 'benefits from other schemes' section of this application directly to Rowanmoor Executive Pensions Limited and to provide any instructions and/or discharge required by any relevant third party to do so.

I authorise you, the provider named above and any appointed financial intermediary for this Scheme 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 Rowanmoor Executive Pensions Limited.

I authorise you, the provider named above and any employer paying contributions to any of plans as listed in the 'benefits from other schemes' section of 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 Rowanmoor Executive Pensions Limited.

Until this application is accepted and complete, Rowanmoor Executive Pensions Limited's responsibility is limited to the return of the total payment(s) to the provider named above.

When payment is made to Rowanmoor Executive Pensions Limited as instructed this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in the 'benefits from other schemes' where the whole of the plan(s) is transferring or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.

I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Rowanmoor Executive Pensions Limited and the provider named above 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.

Signature:  \_\_\_\_\_

Date: | D | D | M | M | Y | Y | Y | Y | \_\_\_\_\_

Print Name: \_\_\_\_\_

6. MEMBER CONSENT

Rowanmoor Executive Pensions Limited may want to contact you occasionally by post or email to let you know about other products and services available from us, or to forward your contact details to another firm associated with Rowanmoor. Please indicate your preferences by ticking the relevant boxes.

I consent to Rowanmoor Executive Pensions Limited contacting me about other products and services.  Yes  No


I consent to Rowanmoor Executive Pensions Limited passing my contact details to other subsidiaries within Rowanmoor Group Limited, for them to contact me about their products and services.  Yes  No

You can withdraw this consent or change this instruction at any time. Our contact information is detailed on the last page of this document.

If you have answered 'yes' to any of the above, please confirm how you would prefer to be contacted.

I would prefer to be contacted by email using the email address provided on page 3

I would prefer to be contacted by post

Signature: 

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: | D | D | M | M | Y | Y | Y | Y |

7. MEMBER'S DECLARATION

This is our standard Member Questionnaire upon which we intend to rely. For your own benefit and protection you should read this declaration carefully before signing. If you do not understand any point please ask for further information or seek advice from a suitably qualified professional.


I confirm that by completing this application, I agree to become a member of this Employer's Small Self-Administered Scheme and to be bound by the Trust Deed and Rules.

I authorise my previous company, any insurer or other pension provider and HMRC to disclose to Rowanmoor Executive Pensions Limited any details they request about the benefits provided for me.

I agree to the appointment of Rowanmoor Trustees Limited as independent trustee and Rowanmoor Executive Pensions Limited as scheme Administrator.

I confirm the information provided in this application is true and correct to the best of my knowledge.

I understand to comply with Money Laundering Regulations, Rowanmoor Executive Pensions Limited may verify my identity through the use of an electronic identity verification system. Where a check is carried out, the system will also check whether I have a credit history, but it will not disclose any details. The system will add a note to my credit file to show that an identity check was made, but this information will not be available to third parties for credit assessment purposes. If the check does not confirm my identity, Rowanmoor Executive Pensions Limited will need to carry out a manual check and may need to contact me for further information. Acceptance of my application is subject to satisfactory completion of identity verification checks.

Signature: 

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: | D | D | M | M | Y | Y | Y | Y |

## 8. OUR PRIVACY NOTICE

Our Privacy Notice contains information in respect of the personal data that we collect about you. This is available from our website, [rowanmoor.co.uk/privacy-notice](https://rowanmoor.co.uk/privacy-notice) or in hard copy by emailing [ssas@rowanmoor.co.uk](mailto:ssas@rowanmoor.co.uk).

Please read this information carefully before submitting your application to us. By signing the application, you consent to the use of your personal information for the purposes and on the terms set out within our Privacy Notice. You have the right to withdraw consent at any time.

Please note that questions, comments and requests regarding our Privacy Notice are welcomed and should be addressed to [ssas@rowanmoor.co.uk](mailto:ssas@rowanmoor.co.uk).

Alternatively, please telephone **01722 445 720** or write to us, **Rowanmoor, Rowanmoor House, 46-50 Castle Street, Salisbury SP1 3TS.**



### 9. IDENTITY VERIFICATION CERTIFICATE

To be completed by a regulated UK or EU Intermediary when introducing retail sector business.

Please complete a separate certificate for all parties to the contract (e.g. joint applicants, trustees, settlors and third parties) where you have been required to undertake identification.

Please tick as appropriate:  Applicant  Trustee  Third Party (In full)

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

If this individual has changed address in the last three months please give the previous address here.

Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**I/We certify that:**

- a) the information given above was obtained by me/us in relation to this individual;
- b) the evidence I/we have obtained to identify the customer:

**Please tick one box only**

Meets the guidance for standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG; or

Exceeds the standard evidence (written details of the further verification evidence taken are attached to this certificate);

c) upon request I/we will supply you with evidence of the identity of this individual.

To be signed by **either**:

Name of Regulated Firm: \_\_\_\_\_

Regulator's Name: \_\_\_\_\_ Reference Number: \_\_\_\_\_

or:

Name of Regulated Individual\*: \_\_\_\_\_

Regulator's Name: \_\_\_\_\_ Reference Number: \_\_\_\_\_

Signature:  \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: | D | D | M | M | Y | Y | Y | Y |

Company Stamp


\*Regulated individuals are not permitted to self-certify.


## 10. NOTES



 01722 445 720

 Rowanmoor House, 46-50 Castle Street,  
Salisbury SP1 3TS

 [ssas@rowanmoor.co.uk](mailto:ssas@rowanmoor.co.uk)

 [rowanmoor.co.uk](http://rowanmoor.co.uk)

Rowanmoor Group Limited, company registration number 13526862 and with a registered office at Rowanmoor House, 46-50 Castle Street, Salisbury SP1 3TS, is the parent company for all companies in the Rowanmoor Group. Three of these companies trade under the trading name Rowanmoor. Those three companies are Rowanmoor Executive Pensions Limited, registered number 05792242; Rowanmoor Personal Pensions Limited, registered number 02268900; and Rowanmoor Trustees Limited, registered number 01846413. Rowanmoor Personal Pensions Limited is authorised and regulated by the Financial Conduct Authority (FCA) under FCA register number 458260. Rowanmoor Executive Pensions Limited provides Small Self-Administered Scheme services and Rowanmoor Trustees Limited provides trustee services; neither of these services are regulated activities and so neither company are authorised by the FCA.