



SSAS
TAKEOVER QUESTIONNAIRE

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Please complete the Installation 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 Member Questionnaire for each member.

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

Name of Scheme:

Number of Members:

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

Takeover Questionnaire

Pages three to eight. To be completed and signed on behalf of the principal employer.

Corporate Verification Certificate

Pages nine and ten. To be completed by a regulated UK or EU Intermediary. A separate certificate is required for all participating employers.

Adviser Fee Agreement

Pages eleven to fourteen. To be completed and signed by all member trustees and their regulated UK or EU Intermediary, where fees are to be paid to the intermediary in respect of advice in relation to the small self-administered scheme (SSAS).

Member Questionnaire

A separate Member Questionnaire should also be completed for each member.

4. ACTUARIAL ADVISER

Please provide details of your current actuarial adviser (if applicable).

Contact Name: _____

Company Name: _____

Address: _____

 Postcode: _____

Telephone: _____

Email: _____

5. PRINCIPAL EMPLOYER DETAILS

Name: _____

Registered Office (if applicable): _____

 Postcode: _____

Telephone: _____

Email: _____

Trading Address (if different from above): _____

 Postcode: _____

Telephone: _____

Email: _____

Please advise if the employer is limited, limited by guarantee, unlimited, limited by liability, a partnership, or other, e.g. self-employed.

Employer Status: _____

Nature of Business: _____

Employer Year End: | D | D | M | M | _____

Registration Number (if applicable): | | | | | | | | | | | | | | | | | | | | | |

Corporation Tax District: _____

Ref: | | | | | | | | | | | | | | | | | | | | | |

PAYE District: _____

Ref: | | | | | | | | | | | | | | | | | | | | | |

6. ADDITIONAL PARTICIPATING EMPLOYER

In addition to completing the section opposite, please provide details of any additional participating employer in the notes section on page fifteen. We will require the same information as you have already provided for the principal employer and a completed Corporate Verification Certificate for each additional participating employer.

Is any employer, other than the principal employer, participating in the SSAS?

Yes No

If 'YES', please complete the following:

Name of the Participating Employer

Forename(s):

Surname:

Relationship to the Principal Employer:

Completed Corporate Verification Certificate(s) attached?

Yes No

7. TRUSTEE ADVISER DETAILS

Please give details of the financial adviser who will provide advice on the scheme to the member trustees.

All correspondence will be sent to this address. If you do not have a financial adviser all correspondence will be sent to the trading address of the principal employer.

Financial Adviser (if appropriate)

Forename(s):

Surname:

Company Name:

Address:

Postcode:

Telephone:

Email:

Regulated by:

Authorisation Number:

Will the financial adviser be appointed to act as the Investment Adviser?

Yes No

The trustees must appoint an investment adviser.

If 'YES', please provide a copy of your investment adviser's formal appointment and acceptance letters when returning your application.

If you have ticked 'NO', please provide details of your appointed investment adviser.

Investment Adviser

Forename(s):

Surname:

Company Name:

Address:

Postcode:

Telephone:

Email:

Regulated by:

Authorisation Number:

8. PRINCIPAL EMPLOYER ACCOUNTANT DETAILS

Please provide details of the accountant acting for the principal employer.

Accountant

Forename(s):

Surname:

Company Name:

Address:

Postcode:

Telephone:

Email:

HMRC may ask for self-assessment tax returns to be submitted for the scheme.

Please tick if you wish us to complete any annual self-assessment tax returns.

We will produce scheme accounts as part of our standard service (scheme year end will be 5 April). There will be an additional charge for any self-assessment tax returns.

9. DECLARATION

This is our standard Takeover 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.

On behalf of the Principal Employer we agree to Rowanmoor Executive Pensions Limited investigating the takeover of the scheme. We understand Rowanmoor Executive Pensions Limited will charge for this work and for any other work associated with the takeover of the scheme.

We confirm we are acting in accordance with the Memorandum and Articles of Association of the Company or Partnership Agreement.

We understand that, upon successful investigation, Rowanmoor Executive Pensions Limited will provide the necessary documentation to takeover the scheme.

We agree to Rowanmoor Executive Pensions Limited opening a Trustee bank account with Rowanmoor Trustees Limited's designated bank. This will replace all other Trustee bank accounts, with the exception of loan or overdraft accounts. We confirm all existing accounts will then be closed (except loan and overdraft accounts) and the proceeds transferred to the new account to which all payments into the SSAS will be made. We understand Rowanmoor Trustees Limited will be sole signatory to the account.

The information provided on this form is correct to the best of our knowledge.

We understand to comply with Money Laundering Regulations, Rowanmoor Executive Pensions Limited may verify our identities through the use of an electronic identity verification system. Where a check is carried out, the system will also check whether we have a credit history, but it will not disclose any details.


The system will add a note to our credit files to show that identity checks were made, but this information will not be available to third parties for credit assessment purposes. If the check does not confirm our identities, Rowanmoor Executive Pensions Limited will need to carry out a manual check and may need to contact us for further information. Acceptance of our application is subject to satisfactory completion of identity verification checks.

To be signed by two directors or a director and company secretary (or sole director, if detailed in the Memorandum and Articles of Association), of the principal employer if they are a limited, limited by guarantee or unlimited company.

To be signed in accordance with the partnership agreement, subject to a minimum of two partners signing.

To be signed by an individual in the case of the self-employed.


If signed by a sole director please provide a copy of the Memorandum and Articles of Association of the principal employer.

Signature: 

Print Name:

Position:

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

Signature: 

Print Name:

Position:

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

10. 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 or in hard copy by emailing 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.

Alternatively, please telephone **01722 443 724** or write to us, **Rowanmoor, Rowanmoor House, 46-50 Castle Street, Salisbury SP1 3TS.**

11. CORPORATE VERIFICATION CERTIFICATE

To be completed by a regulated UK or EU Intermediary when introducing retail sector business.
Please complete a separate certificate for all employers participating in the scheme.

Employer's Details

Company Name:

Registered Number
(if applicable):

Type of Entity (Ltd Co, Partnership, plc):

Registered Address:

Postcode:

Nature of Business:

Names (and dates of birth if known) of individuals who exercise control over the management of the company. **Identity Verification Certificates will be required for each individual named in this section.**

Name:	Date of Birth:	D D M M Y Y Y Y
Name:	Date of Birth:	D D M M Y Y Y Y
Name:	Date of Birth:	D D M M Y Y Y Y
Name:	Date of Birth:	D D M M Y Y Y Y

Names (and dates of birth if known) if principal beneficial owners (i.e. over 25%). **Identity Verification Certificates will be required for each individual named in this section.**

Name:	Date of Birth:	D D M M Y Y Y Y
Name:	Date of Birth:	D D M M Y Y Y Y
Name:	Date of Birth:	D D M M Y Y Y Y
Name:	Date of Birth:	D D M M Y Y Y Y

Section 11 continued overleaf >>

11. CORPORATE VERIFICATION CERTIFICATE (CONTINUED)

I/We certify that:

- a) the information given above was obtained by me/us in relation to this customer;
- 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 organisation.

To be signed by either:

Name of Regulated Firm:

Regulator's Name and Reference Number:

OR

Name of Regulated Individual:

Regulator's Name and Reference Number:

Signature (Original signature required): 

Print Name:

Position:

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

Company Stamp:

12. ADVISER FEE AGREEMENT

The Rowanmoor SSAS adviser fee agreement is designed to shorten the process for settling adviser fees from the scheme. This agreement provides us with the authority to pay your financial adviser fees from your Rowanmoor SSAS. Only one agreement can be made and once signed this form must not be amended.

All fees will be settled from the scheme bank account and will be paid within 30 days of receipt of an acceptable invoice, expressing the fees as a monetary amount, from the financial adviser, provided cash funds are available within the account.

This adviser fee agreement relates to the financial adviser named on page five of this takeover questionnaire. Please complete section one and/or section two as appropriate.

Section One – Initial and ongoing fees

(Excluding Transfer Related Fees – see section two).

Fees may be expressed as a defined monetary amount, a percentage of fund, or a percentage of gross contributions.

Fees for the advice and involvement of the financial adviser in establishing the scheme and its ongoing operation.

Please choose one fee payment option from A, B or C and specify the initial and/or ongoing annual fees for your selected fee payment option.

A. Defined Fee

Payment of the initial fee can fall due either following the establishment of the scheme, or on a specified date.

Payment of the first annual fee can fall due on the scheme anniversary, or a specific date. Subsequent fees will fall due annually thereafter.

Initial fee for arranging the scheme: £

To be paid following scheme establishment

or date | D | D | M | M | Y | Y | Y | Y |

Annual Fee: £

To be paid on the scheme anniversary

or date | D | D | M | M | Y | Y | Y | Y | and annually thereafter

B. Percentage of fund or specific investments

The initial fee must be expressed as a monetary amount. Payment can fall due either following the establishment of the scheme, or on a specified date.

Annual fees may be expressed as a percentage of the total fund value, or specific investments, on each scheme anniversary. Payment falls due on the scheme anniversary.

The financial adviser is required to submit a valuation and an accompanying invoice for the initial and each subsequent fee. The valuation should detail the value of the specific investments, if applicable, and any outstanding scheme liabilities at the anniversary date. We will not supply up-to-date valuations.

Initial fee for arranging the scheme: £

To be paid following scheme establishment

or date | D | D | M | M | Y | Y | Y | Y |

Annual Fee: £

Percentage of total fund %

or specific investments

Please list the specific investments (if applicable):

12. ADVISER FEE AGREEMENT (CONTINUED)

Declaration

To be signed by all member trustees of the SSAS.

This is our standard Adviser Fee Agreement upon which we intend to rely. For your own benefit and protection you should read these terms carefully before signing. If you do not understand any point please ask for further information or seek advice from a suitably qualified professional. You can amend, or instruct us to cease the agreement, at any time.

Authority is hereby given to Rowanmoor Executive Pensions Limited to pay the fees, as set out in this agreement, from the funds held within the scheme bank account subject to the receipt of an invoice from the financial adviser, until otherwise instructed. We confirm that we understand that Rowanmoor Executive Pensions Limited is not responsible for reviewing the impact of this transaction on the fund or on any other transactions which may be pending. These terms amend and replace any existing adviser fee arrangements.

Signature: [pen icon]
Print Name:
Date: | D | D | M | M | Y | Y | Y | Y |

Signature: [pen icon]
Print Name:
Date: | D | D | M | M | Y | Y | Y | Y |

Signature: [pen icon]
Print Name:
Date: | D | D | M | M | Y | Y | Y | Y |

Signature: [pen icon]
Print Name:
Date: | D | D | M | M | Y | Y | Y | Y |

Signature: [pen icon]
Print Name:
Date: | D | D | M | M | Y | Y | Y | Y |

Signature: [pen icon]
Print Name:
Date: | D | D | M | M | Y | Y | Y | Y |

Signature: [pen icon]
Print Name:
Date: | D | D | M | M | Y | Y | Y | Y |

Signature: [pen icon]
Print Name:
Date: | D | D | M | M | Y | Y | Y | Y |

Signature: [pen icon]
Print Name:
Date: | D | D | M | M | Y | Y | Y | Y |

Signature: [pen icon]
Print Name:
Date: | D | D | M | M | Y | Y | Y | Y |

Section 12 continued overleaf >>

12. ADVISER FEE AGREEMENT (CONTINUED)

To be completed by the financial adviser.

All fees will be settled within 30 days of receipt of an acceptable invoice, expressing the fees as a monetary amount. Please note that we will not issue a reminder when annual fees fall due.

Payments are made from the scheme not Rowanmoor. Agencies will not be established with Rowanmoor and no listing of payments made or due to an adviser can be provided by us.

Invoices should be made out to 'The Trustees of {insert SSAS name}'. All invoices to be sent to us for settlement on behalf of the member trustees. Payment terms are 30 days from the receipt of your invoice. Fees will only be settled if there are sufficient funds available within the scheme bank account. It is your responsibility to ensure that there are sufficient funds within the account, taking into account imminent investment transactions, benefit payments and other liabilities. If there are insufficient funds to meet these commitments, pension payments, investment transactions and scheme charges will take precedence. We reserve the right to confirm acceptance of all fees with the member trustees, prior to payment.

Are you an appointed representative, or part of an adviser network?

 Yes

 No

If yes, please provide the name of the network:

Is payment to be made to your network?

 Yes

 No

Fees to be paid by:

 Cheque

 CHAPS/BACS

Bank:

Branch:

Account Name:

Account Number:

Sort Code:

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Payment Ref:

Signature*:



Print Name:

Position:

Date:

	D		D		M		M		Y		Y		Y		Y
--	---	--	---	--	---	--	---	--	---	--	---	--	---	--	---

Company Stamp


*Original signature required.


13. NOTES



 01722 445 720

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

 ssas@rowanmoor.co.uk

 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.