

APPLICATION FORM  
NEW SCHEME

# THE SOVEREIGN

## SMALL SELF-ADMINISTERED SCHEME

---

**Sovereign SSAS Trustees Limited**

Sovereign House  
Port Causeway  
Bromborough  
Wirral  
CH62 4TP  
Tel: +44 151 328 1777  
[Email: ssastrustees@SovereignGroup.com](mailto:ssastrustees@SovereignGroup.com)  
[SovereignGroup.com](http://SovereignGroup.com)

Sovereign Pension Services is a trading name of Sovereign Pension Services (UK) Limited which is a company registered in England and Wales, number 4826217. Registered office: Sovereign House, Port Causeway, Bromborough, Wirral CH62 4TP, United Kingdom.

Sovereign Pension Services (UK) Limited acts as the HMRC Scheme Administrator to each individual SSAS.

© Sovereign Media (IOM) Limited, 2021

SSASAFNS/3/15012021



[SovereignGroup.com](http://SovereignGroup.com)

## Company Information

Company name: \_\_\_\_\_

Registered address: \_\_\_\_\_

\_\_\_\_\_

Correspondence address (if different to the above): \_\_\_\_\_

\_\_\_\_\_

Time at current address: \_\_\_\_\_

Previous address: \_\_\_\_\_

\_\_\_\_\_

### Contact at Company

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

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company's registration number: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_

Has the company been "dormant" within the last 12 months? ☐ Yes ☐ No

Nature of business: \_\_\_\_\_

Company's financial year end: \_\_\_\_\_

Corporation Unique Tax Reference: \_\_\_\_\_

Schedule D Tax District: \_\_\_\_\_ Schedule D Tax District reference: \_\_\_\_\_

PAYE Tax District: \_\_\_\_\_ PAYE Tax District reference: \_\_\_\_\_

Company's Accountant: \_\_\_\_\_

Accountant's Address: \_\_\_\_\_

\_\_\_\_\_

Is the company carrying out trade in the UK? ☐ Yes ☐ No

Is the company registered in the UK for tax purposes? ☐ Yes ☐ No

Number of employees: \_\_\_\_\_

Is the company registered for VAT? ☐ Yes ☐ No

VAT reference (if applicable): \_\_\_\_\_

**Name(s) of all Directors**

Please complete on additional sheet if necessary. Please state: "Director information" if a Director is not to become a member:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

I confirm that the information provided is accurate to the best of my knowledge and belief. It is provided to Sovereign Pension Services (UK) Limited on the understanding that it will be used as part of the establishment of a Small Self-Administered Scheme on our behalf. Sovereign Pension Services (UK) Limited will not be held responsible or liable for use of any information within this form that may be proven to be inaccurate in future.

**Signed on behalf of the Employer:**

Signed: \_\_\_\_\_

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

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Member 1 Information

Full name of Member: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of joining the Company: \_\_\_\_/\_\_\_\_/\_\_\_\_

National Insurance Number: \_\_\_\_\_ Unique Tax Reference Number ("UTR"): \_\_\_\_\_

Normal retirement age: \_\_\_\_\_ Marital status: \_\_\_\_\_

Full name of spouse/partner: \_\_\_\_\_

Date of birth of spouse/partner: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contributions made on their behalf this year and in the last three years to existing pension arrangements:

	Company	Member
5th April 20 ____		
5th April 20 ____		
5th April 20 ____		
5th April 20 ____		

Has the Member's income for any of the above tax years been above £200,000? ☐ Yes ☐ No

### Details of any other pension arrangements

Use additional sheet if necessary and attach copies of most recent valuation

Provider: \_\_\_\_\_ Date of commencement: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual premium: \_\_\_\_\_ Transfer value: \_\_\_\_\_ or paid up pension: \_\_\_\_\_

HMRC reference number: \_\_\_\_\_ Date of last premium: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the Member a Director of the Company? ☐ Yes ☐ No Percentage shareholding of Company: \_\_\_\_\_

Member's private address: \_\_\_\_\_

\_\_\_\_\_

Time at address: \_\_\_\_\_ Previous address (if less than three years:) \_\_\_\_\_

\_\_\_\_\_

Member's daytime telephone number: \_\_\_\_\_

Member's email: \_\_\_\_\_

I confirm that the information provided is accurate to the best of my knowledge and belief. It is provided to Sovereign Pension Services (UK) Limited on the understanding that it will be used as part of the establishment of a Small Self-Administered Scheme on our behalf. Sovereign Pension Services (UK) Limited will not be held responsible or liable for use of any information within this form that may be proven to be inaccurate in future.

Member's signature: \_\_\_\_\_

Member's name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Member 2 Information

Full name of Member: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of joining the Company: \_\_\_\_/\_\_\_\_/\_\_\_\_

National Insurance Number: \_\_\_\_\_ Unique Tax reference Number ("UTR"): \_\_\_\_\_

Normal retirement age: \_\_\_\_\_ Marital status: \_\_\_\_\_

Full name of spouse/partner: \_\_\_\_\_

Date of birth of spouse/partner: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contributions made on their behalf this year and in the last three years to existing pension arrangements:

	Company	Member
5th April 20 ____		
5th April 20 ____		
5th April 20 ____		
5th April 20 ____		

Has the Member's income for any of the above tax years been above £200,000? ☐ Yes ☐ No

### Details of any other pension arrangements

Use additional sheet if necessary and attach copies of most recent valuation

Provider: \_\_\_\_\_ Date of commencement: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual premium: \_\_\_\_\_ Transfer value: \_\_\_\_\_ or paid up pension: \_\_\_\_\_

HMRC reference number: \_\_\_\_\_ Date of last premium: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the Member a Director of the Company? ☐ Yes ☐ No Percentage shareholding of Company: \_\_\_\_\_

Member's private address: \_\_\_\_\_

\_\_\_\_\_

Time at address: \_\_\_\_\_ Previous address (if less than three years:) \_\_\_\_\_

\_\_\_\_\_

Member's daytime telephone number: \_\_\_\_\_

Member's email: \_\_\_\_\_

I confirm that the information provided is accurate to the best of my knowledge and belief. It is provided to Sovereign Pension Services (UK) Limited on the understanding that it will be used as part of the establishment of a Small Self-Administered Scheme on our behalf. Sovereign Pension Services (UK) Limited will not be held responsible or liable for use of any information within this form that may be proven to be inaccurate in future.

Member's signature: \_\_\_\_\_

Member's name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Member 3 Information

Full name of Member: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of joining the Company: \_\_\_\_/\_\_\_\_/\_\_\_\_

National Insurance Number: \_\_\_\_\_ Unique Tax Reference Number ("UTR"): \_\_\_\_\_

Normal retirement age: \_\_\_\_\_ Marital status: \_\_\_\_\_

Full name of spouse/partner: \_\_\_\_\_

Date of birth of spouse/partner: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contributions made on their behalf this year and in the last three years to existing pension arrangements:

	Company	Member
5th April 20 ____		
5th April 20 ____		
5th April 20 ____		
5th April 20 ____		

Has the Member's income for any of the above tax years been above £200,000? ☐ Yes ☐ No

### Details of any other pension arrangements

Use additional sheet if necessary and attach copies of most recent valuation

Provider: \_\_\_\_\_ Date of commencement: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual premium: \_\_\_\_\_ Transfer value: \_\_\_\_\_ or paid up pension: \_\_\_\_\_

HMRC reference number: \_\_\_\_\_ Date of last premium: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the Member a Director of the Company? ☐ Yes ☐ No Percentage shareholding of Company: \_\_\_\_\_

Member's private address: \_\_\_\_\_

\_\_\_\_\_

Time at address: \_\_\_\_\_ Previous address (if less than three years:) \_\_\_\_\_

\_\_\_\_\_

Member's daytime telephone number: \_\_\_\_\_

Member's email: \_\_\_\_\_

I confirm that the information provided is accurate to the best of my knowledge and belief. It is provided to Sovereign Pension Services (UK) Limited on the understanding that it will be used as part of the establishment of a Small Self-Administered Scheme on our behalf. Sovereign Pension Services (UK) Limited will not be held responsible or liable for use of any information within this form that may be proven to be inaccurate in future.

Member's signature: \_\_\_\_\_

Member's name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Member 4 Information

Full name of Member: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of joining the Company: \_\_\_\_/\_\_\_\_/\_\_\_\_

National Insurance Number: \_\_\_\_\_ Unique Tax Reference Number ("UTR"): \_\_\_\_\_

Normal retirement age: \_\_\_\_\_ Marital status: \_\_\_\_\_

Full name of spouse/partner: \_\_\_\_\_

Date of birth of spouse/partner: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contributions made on their behalf this year and in the last three years to existing pension arrangements:

	Company	Member
5th April 20 ____		
5th April 20 ____		
5th April 20 ____		
5th April 20 ____		

Has the Member's income for any of the above tax years been above £200,000? ☐ Yes ☐ No

### Details of any other pension arrangements

Use additional sheet if necessary and attach copies of most recent valuation

Provider: \_\_\_\_\_ Date of commencement: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual premium: \_\_\_\_\_ Transfer value: \_\_\_\_\_ or paid up pension: \_\_\_\_\_

HMRC reference number: \_\_\_\_\_ Date of last premium: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the Member a Director of the Company? ☐ Yes ☐ No Percentage shareholding of Company: \_\_\_\_\_

Member's private address: \_\_\_\_\_

\_\_\_\_\_

Time at address: \_\_\_\_\_ Previous address (if less than three years:) \_\_\_\_\_

\_\_\_\_\_

Member's daytime telephone number: \_\_\_\_\_

Member's email: \_\_\_\_\_

I confirm that the information provided is accurate to the best of my knowledge and belief. It is provided to Sovereign Pension Services (UK) Limited on the understanding that it will be used as part of the establishment of a Small Self-Administered Scheme on our behalf. Sovereign Pension Services (UK) Limited will not be held responsible or liable for use of any information within this form that may be proven to be inaccurate in future.

Member's signature: \_\_\_\_\_

Member's name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Director Information

Please complete for each Director who will **not** become a member. (Please complete additional pages as required.)

Full name of Director: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of joining Company: \_\_\_\_/\_\_\_\_/\_\_\_\_

National Insurance Number: \_\_\_\_\_ Unique Tax reference Number ('UTR'): \_\_\_\_\_

Percentage shareholding of Company: \_\_\_\_\_

Director's private residential address: \_\_\_\_\_

\_\_\_\_\_

Director's daytime telephone number: \_\_\_\_\_

Director's email: \_\_\_\_\_

I confirm that the information provided is accurate to the best of my knowledge and belief. It is provided to Sovereign Pension Services (UK) Limited on the understanding that it will be used as part of the establishment of a Small Self-Administered Scheme on our behalf. Sovereign Pension Services (UK) Limited will not be held responsible or liable for use of any information within this form that may be proven to be inaccurate in future.

### Signed by the Director:

Director's signature: \_\_\_\_\_

Director's name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Proposed Scheme Details

Proposed Scheme name: \_\_\_\_\_

Scheme correspondence address: \_\_\_\_\_

\_\_\_\_\_

### Scheme contact (usually one of the members):

Scheme contact name: \_\_\_\_\_

Scheme contact email: \_\_\_\_\_

Scheme contact mobile number: \_\_\_\_\_

Scheme contact landline number: \_\_\_\_\_

## Initial Investment Proposals

Please indicate below the reason for establishing the Scheme and your initial investment proposals.

Reason(s) for establishing a SSAS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial investment proposals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate how these investment proposals are to be funded (e.g. Company contribution, transfer-in of other pension arrangements, commercial mortgage):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Proposed Scheme Account Details

Name of Accountancy Firm: \_\_\_\_\_

Name of contact and position (e.g. Director, Partner): \_\_\_\_\_

\_\_\_\_\_

Accountant's Firm address: \_\_\_\_\_

\_\_\_\_\_

Accountant's Firm telephone number: \_\_\_\_\_

Accountant's contact email: \_\_\_\_\_

Accountant's contact mobile number: \_\_\_\_\_

## Proposed Scheme Financial Adviser Details

Name of Adviser Firm: \_\_\_\_\_

Adviser's Firm FCA Registration Number: \_\_\_\_\_

Adviser's name and position (e.g. Director, Partner): \_\_\_\_\_

Adviser's FCA Registration Number: \_\_\_\_\_

Adviser's Firm address: \_\_\_\_\_

Adviser's Firm telephone number: \_\_\_\_\_

Adviser's contact email: \_\_\_\_\_

Adviser's contact mobile number: \_\_\_\_\_

The trustee of the Scheme is unable to and does not provide advice of any sort, whether financial, legal, tax, investment or on pensions transfers or benefits. Members of the Scheme may be subject to different laws according to their domicile or country of residence and applicants should seek advice from suitably qualified experts before proceeding. Whilst the details contained herein are correct and up-to-date, this information does not constitute legal or other professional advice.