

APPLICATION FORM

SSAS TAKEOVER INFORMATION REQUEST

# THE SOVEREIGN

SMALL SELF-ADMINISTERED SCHEME

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**Sovereign SSAS Trustees Limited**

Sovereign House  
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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.

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SSASAFTR/2/09102020



SovereignGroup.com

## Company Information

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

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

\_\_\_\_\_

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

\_\_\_\_\_

### Contact at Company

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

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

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

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

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

Company's Financial Year End: \_\_\_\_\_

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

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

Number of current members: \_\_\_\_\_

## 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: \_\_\_\_\_

## 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: \_\_\_\_\_

### 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: \_\_\_\_\_

## 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: \_\_\_\_\_

**Note:** If the Scheme has more than four members, a separate sheet needs to be completed for each member, and submitted with this form.

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

Enclosed with this Information Request is a Letter of Authority authorising the provision of information to us. We would appreciate your assistance in the provision of as much of the following information as possible, but prior to your doing so, please confirm details of any fees that may be incurred by us.

Please let us know if there is any professional or other reason why we should not accept this appointment.

Requested Information:	Information enclosed
1. Scheme Documentation: All Trust Deeds, Rules, Resolutions and Minutes. All Membership Application Forms, Member Announcements and Expression of Wishes Forms.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. For schemes established before 6th April 2006 Pension Schemes Office approval letter and approval letters in respect of any Participating Employers. For all schemes a copy of the HMRC Registration Certificate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Any appointment letters issued under S47 1995 Pensions Act, together with details of any breaches of the same Act.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Any pension scheme accounts that may have been prepared since 6th April 2015.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. The last Self-Assessment Tax Return (SA970) submitted to HMRC, or confirmation that HMRC have not requested such a return.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Details of all trustee bank accounts including copies of the current bank mandates and copies of all statements since 5th April 2019.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>7. Details of the current Scheme assets together with any supporting documentation.</p> <p>In relation to any property assets held, please provide copies of all current valuations (including rental valuations), HM Land Registry Title transfers and registrations, current leases, insurance details and mortgage documents. Where Landlord and Tenant are "connected", please confirm all rental payments are up to date, or alternatively provide details of any concessions and/or easements that may have been entered into between Landlord and Tenant as well as details of any repayment programme to clear any arrears.</p> <p>In relation to any existing loans advanced under s179 of Finance Act 2004, please provide copies of all Loan Agreements, Repayment Schedules and Legal Charge documentation. Please also confirm all payments are up to date or otherwise provide full details of any repayment programme entered into to bring payments up to date.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Please advise us whether the trustees are registered for VAT. If they are, please provide a copy of the VAT Registration Certificate together with copies of the VAT returns completed over the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. The latest apportionment of the fund between the members and details of any contributions or transfers received after the apportionment was made (please specify the date of the apportionment). Please provide a copy of any trustees' resolutions evidencing the apportionment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date of apportionment: ____/____/____
10. Details of any Pension Credits, Pension Debits or Earmarking Orders that may be in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Schedule of members' pension benefits outside the Scheme (including any Policy/Scheme reference numbers and administrator contact details).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<p>12. Please advise whether any of the members have applied for Primary, Enhanced, Fixed or Individual Protection. If so, please ensure we receive a copy of the completed application form(s) signed by the member, and a copy of the certificate(s) issued by HMRC. Any other documents you have detailing the value of the Scheme and the individual member fund share as at 5th April 2006 would also be appreciated.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>13. Are any members of the Scheme entitled to a scheme specific protected pension commencement lump sum in excess of 25% of the value of their fund at 5th April 2006? If yes, please provide the amount of the protected lump sum and the value of the member's fund at 5th April 2006 and tell us whether there has been any benefit accrual since 5th April 2006.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>14. In respect of any members currently in receipt of benefits under the Scheme, please provide the following details of the benefits paid:</p> <ul style="list-style-type: none"> <li>• Fund vested:</li> <li>• Date vested:</li> <li>• TFC/PCLS/UFPLS taken:</li> <li>• Pension date:</li> <li>• Percentage LTA vested:</li> <li>• Is the pension in payment under Capped Drawdown or Flexi-Access Drawdown rules?</li> <li>• If Capped Drawdown, please confirm: <ul style="list-style-type: none"> <li>- Pension year dates:</li> <li>- Last review date:</li> <li>- Member's fund at last review date:</li> <li>- Current basis amount:</li> <li>- Next statutory review date:</li> <li>- Annual pension for the current pension year and confirmation of income drawn to date:</li> <li>- Frequency of pension payments:</li> <li>- Same information for each tranche if in phased drawdown:</li> <li>- If phased drawdown, the split of the fund between crystallised and uncrystallised:</li> </ul> </li> </ul>	<p>£ _____</p> <p>_____/_____/_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____/_____/_____</p> <p>_____ %</p> <p><input type="checkbox"/> Capped Drawdown</p> <p><input type="checkbox"/> Flexi-Access Drawdown</p> <p>_____/_____/_____</p> <p>_____/_____/_____</p> <p>£ _____</p> <p>£ _____</p> <p>_____/_____/_____</p> <p>£ _____</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly</p> <p><input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly</p> <p><input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Single</p> <p>Crystallised £ _____</p> <p>Uncrystallised £ _____</p>

<ul style="list-style-type: none"> <li>- Confirmation of who runs the payroll and their contact details:</li> </ul> <ul style="list-style-type: none"> <li>• If Flexi-Access Drawdown, please confirm:             <ul style="list-style-type: none"> <li>- The election date and provide a copy of the election and risk warnings if held on your files:</li> <li>- Please provide a copy of the Flexible Access Statement that was issued</li> <li>- Frequency and amount of pension payments:</li> <li>- Amount of funds in each Flexi-Access Drawdown Arrangement:</li> <li>- Amount of any uncrystallised funds:</li> </ul> </li> </ul>	<p>Name: _____</p> <p>_____</p> <p>Contact details: _____</p> <p>_____</p> <p>_____/_____/_____</p> <p><input type="checkbox"/> Monthly    <input type="checkbox"/> Half yearly</p> <p><input type="checkbox"/> Quarterly    <input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Single</p> <p>£ _____</p> <p>£ _____</p> <p>£ _____</p> <p>£ _____</p> <p>£ _____</p> <p>£ _____</p> <p>£ _____</p>
<p>15. Please provide the Pension Scheme Tax Reference number and which of the Scheme administrator(s) is registered to use HMRC's Pension Schemes Online service.</p> <p>If you are the only Scheme Administrator registered for Pension Schemes Online you will need to add our Trustee Company as Scheme Administrator before removing yourself. The Scheme Administrator ID for Sovereign Pension Services (UK) Limited is A0036138.</p>	<p>Pension Scheme Tax Reference</p> <p>No: _____</p> <p>Name of Scheme Administrator:</p> <p>_____</p> <p>_____</p>
<p>16. Please confirm whether a notice to complete a Pension Scheme Return as at 5th April 2017 has been issued by HMRC. If so, please confirm whether this has been submitted and provide a copy as appropriate.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p>Submitted to HMRC:</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>17. Please confirm that the Scheme has <b>not</b> made any Unauthorised Payments, as defined in Finance Act 2004. If any such payments have been made, please provide full details, including any correspondence sent to the members, employer, trustees or HMRC (including reports) about these payments.</p>	<p>Confirmation:</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

18. Please confirm whether or not an Event Report is required for the year ended 5th April 2020. If so, please confirm whether this has been submitted and provide a copy as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Submitted to HMRC: <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Please confirm whether any accounting for tax returns have been submitted since inception and if so please provide a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20. Please confirm The Pensions Regulator's (TPR) registration number and provide us with a copy of the latest TPR levy request and the Scheme key.	TPR Registration Number: _____
21. Please advise us of The Information Commissioner's registration details and provide us with a copy of the latest renewal notice.	Information Commissioner's registration details: _____ _____

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 their appointment as Professional Trustee to the above-named Scheme.

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.

**For and on behalf of the Member Trustees:**

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

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

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

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

**For and on behalf of the outgoing Professional Trustee/Scheme Administrator**

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

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

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

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