

**SSAS TAKEOVER QUESTIONNAIRE**

Name of Pension Scheme \_\_\_\_\_

Name of Principal Employer \_\_\_\_\_

Serving Address for Pension Correspondence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Contact Name \_\_\_\_\_

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

Name of Member	National Insurance Number	Date of Birth

**Accountant's Details**

Name of Accountant \_\_\_\_\_

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

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

**Financial Advisor's Details**

Name of Financial Advisor \_\_\_\_\_

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

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

**Scheme Details**

Government Gateway User ID  
Number \_\_\_\_\_

Password \_\_\_\_\_

Pensions Regulator Number \_\_\_\_\_

Pensions Regulator Exchange  
Key Code \_\_\_\_\_

Data Protection Registration  
Number \_\_\_\_\_

**When returning this form we require the following:**

A copy of the current Trust Deed and Rules

Most recent scheme accounts

**We consent to the persons and companies named on this form to provide to Pension Practitioner .Com such information as is reasonably necessary in connection with this scheme.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_