WHITEHALL whitehallgroup.co.uk

SSAS Takeover Application Form

1. Notes

1. **To take over an existing SSAS. This form should be completed and signed by the Principal Employer (if still in existence) and the member trustees.**

2. If you have any questions about the completion of this form, please contact us at enquiries@whitehallgroup.co.uk or telephone 03302 232300.

3. This form, together with the pension scheme Trust Deed and Rules, our Terms and Conditions and Fee Schedule form a legal contract between us. Please ensure you understand these documents before proceeding.

4. Please return the completed form to us at our address below with the items listed at the end.

5. Arranging your pension savings is an important decision and we strongly recommend that you seek advice on the options available, and which option is best for you.

6. Please note that we do not give financial advice and nothing in this form should be considered as financial advice. We strongly suggest that you seek advice from an Independent Financial Adviser (IFA) before making any decisions regarding your retirement savings. If you do not already have a Financial Adviser, information can be obtained from www.unbiased.co.uk or telephone 0800 023 6868.

7.
- We take the protection of your personal data very seriously and act in compliance with the UK General Data Protection Regulations 2018 (GDPR).
- Our Privacy Notice explains the information we collect, what we use it for, how long we keep it, who we share it with, our legal basis for processing your data and your rights in relation to your personal data.
- Information given on this form and any supplementary information provided by you and/or your advisers now or in the future will be used by us to administer your pension scheme.
- Every pension scheme we operate is registered with the Information Commissioner as a Data Controller. The trustees undertake the duties of Data Controller and utilise the services of the administration company as its Data Processor. We use other data sub-processors to assist with our operation as explained in our Privacy Notice.

8. It is a serious offence to make false statements.

2. Pension Scheme Details

Scheme Name		**Note**: Please give the full name as showing on the trust deed(s).
Contact Name for correspondence		
Contact Address		
Contact Telephone Number		

Contact email Address		
Existing Provider/Trustee Company		
Provider/Trustee Company Address		**Note**: If left blank we will assume age 65.
Provider Telephone Number		
Provider Email Address		**Note:** Not applicable for one-member schemes.
Number of Members		
Scheme Normal Retirement Age		**Note**: The Scheme may not have one.
Scheme Establishment Date		**Note**: The Scheme may not have one.
HMRC Pension Scheme Tax Reference		
Pensions Regulator Reference		
Information Commissioner's Reference		
Scheme Unique Tax Reference		
Scheme Legal Entity Identifier (LEI)		

Are our fees to be paid by the pension fund or the Principal Employer? Pension Fund ○ Employer ○

3. Principal Employer Details (company that established the SSAS)

Company Name		**Note**: If the Principal Employer no longer exists or was sold, please leave blank.
Registered Office		
Registered Office if changed within the last twelve months		
Company Registered Number		
Contact Name		
Contact Telephone Number		
Contact email Address		
Employer Status		
Status Effective Date		
Trading Year End		
Nature of Business		

Corporation Tax Reference				
VAT Reference				
PAYE Reference				
Number of Employees				
Directors Details	Director 1	Director 2	Director 3	Director 4
Full Name				
Home Address				
Previous Address (if moved in the last twelve months)				
Date of Birth				
National Insurance No				
Unique Tax Reference				
Percentage Shareholding				

Note: If more than four directors, please continue on a separate sheet.

4. Participating Employer Details (for any additional company linked to the Scheme)

Company Name				
Registered Office				
Registered Office if changed within the last twelve months				
Company Registered Number				
Contact Name				
Contact Telephone Number				
Contact email Address				
Employer Status				
Status Effective Date				
Trading Year End				
Nature of Business				
Corporation Tax Reference				
VAT Reference				
PAYE Reference				
Number of Employees				
Directors Details	Director 1	Director 2	Director 3	Director 4
Full Name				

Note: If there is no Participating Employer please leave blank.

Home Address				
Previous Address (if moved in the last twelve months)				
Date of Birth				
National Insurance No				
Unique Tax Reference				
Percentage Shareholding				

Note: If more than four directors, please continue on a separate sheet.

5. Advisers

Financial Adviser's Name				
Financial Adviser's Firm				
Financial Adviser's Address				
FCA Reference Number				
Adviser's Telephone Number				
Adviser's Email Address				
Adviser's Remuneration	Initial Payment	£	Or	% Of initial contribution or transfer value(s)
	Annual	£	Or	%
Accountant's Name				
Accountant's Firm				
Accountant's Address				
Regulator Name and Number				
Accountant's Telephone No				
Accountant's Email Address				

Note: A financial adviser may be appointed to advise the Member Trustee(s) regarding the scheme. We will accept investment instructions from the Adviser on behalf of the Member Trustees and will treat these instructions as being a unanimous decision by all Member Trustees.

6. Current Investments

Please list the current scheme investments (or provide details separately)	

Approximate Current Fund Value	

Banking: Our preferred banking services allow you to appoint us as sole signatory or for the Trustees to be joint signatories. This means all payments and instructions must be authorised by one Member Trustee together with an authorised signatory of our trustee company. This is usually done by countersigning cheques. A chequebook will be sent to you for this purpose. Alternatively, we can continue with your existing banking arrangements. We will be added as a signatory and all payments must be authorised by at least one Member Trustee together with an authorised signatory of our trustee company.

Chosen Bank Signatories Sole ◯ Joint ◯ Existing ◯

7. Member Details

Continue on a separate sheet if there are more than three members

	Member 1	Member 2	Member 3
Title (Mr/Mrs/Ms/Miss/Dr etc)			
Forename(S)			
Surname			
Home Address			
Telephone Number			
Email Address			
Date of Birth			
Gender			
National Insurance Number			
Unique Tax Reference (UTR)			
Marital Status			
Spouse's/Partner's DOB			
Nationality			
Country of Residence for tax			
Approximate Annual Earnings			
Occupation/Trade/Profession			
Any religious beliefs or cultural matters that could be relevant to how we administer the SSAS?			
Any vulnerabilities that we can give support with?			

Any health problems or disabilities that we can give support with?											
Any existing Powers of Attorney?											
Named contact for correspondence if you are unable to communicate with us											
Pay UK income tax on earnings	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
Non-resident with UK Pension	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
Undischarged Bankrupt	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
Barred as a Company Director	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
Employed	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
Self-Employed	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
Retired	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
Crown servant based abroad	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
Full-time education	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
Unemployed	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
Carer for Under 16	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
Carer for Over 16	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
Other	Yes	◯	No	◯	Yes	◯	No	◯	Yes	◯	No	◯
If “Other” give details												

These questions help to determine whether you qualify as a Sophisticated Investor as defined by the Financial Conduct Authority (FCA).

Q1. Are you a member of a network or syndicate of business angels and have you been one for at least the last six months?

Yes ◯ No ◯ Yes ◯ No ◯ Yes ◯ No ◯

If Yes, please give the name

Q2. Have you made more than one investment in an unlisted company in the last two years?

Yes ◯ No ◯ Yes ◯ No ◯ Yes ◯ No ◯

If Yes, please give the name

Q3. Are you working, or have you worked in a professional capacity in the private equity sector, or in the provision of finance for small and medium enterprises?

Yes ◯ No ◯ Yes ◯ No ◯ Yes ◯ No ◯

If Yes, please name the company you work(ed) for.

Q4. Are you currently, or during the last two years, have you been a director of a company with an annual turnover of at least £1 million?

Yes ◯ No ◯ Yes ◯ No ◯ Yes ◯ No ◯

If Yes, please name the company you are/were a director of.

These questions help to determine whether you qualify as a High Net Worth Individual as defined by the Financial Conduct Authority (FCA).

Q1. During the last financial year, have you received an annual income to the value of £100,000 or more?

Yes ◯ No ◯ Yes ◯ No ◯ Yes ◯ No ◯

If Yes, please give your income.

Q2. During the last financial year have you held net assets to the value of £250,000 or more? **Note:** Net assets for these purposes do not include your primary residence or any loan secured on that residence; any rights you have under a qualifying contract of insurance within the meaning of the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001; any pension, retirement or death benefits payable to you or your dependants on your retirement or death.

Yes ◯ No ◯ Yes ◯ No ◯ Yes ◯ No ◯

If Yes, please give your net wealth.

This question helps to determine whether you are a Professional Investor.

Q1. Are you authorised or regulated by the Financial Conduct Authority (FCA) or its equivalent in another EEA state to operate in the financial markets?

Yes ◯ No ◯ Yes ◯ No ◯ Yes ◯ No ◯

8. Pension Protection

The standard Lump Sum Allowance is £268,275. If you have a form of protection for a higher lump sum allowance, you need to let us know and provide evidence to rely on this.

Member Name						
Enhanced Protection	Yes ◯	No ◯	Yes ◯	No ◯	Yes ◯	No ◯
Primary Protection	Yes ◯	No ◯	Yes ◯	No ◯	Yes ◯	No ◯
Fixed Protection 2012	Yes ◯	No ◯	Yes ◯	No ◯	Yes ◯	No ◯
Fixed Protection 2014	Yes ◯	No ◯	Yes ◯	No ◯	Yes ◯	No ◯
Individual Protection 2014	Yes ◯	No ◯	Yes ◯	No ◯	Yes ◯	No ◯
Fixed Protection 2016	Yes ◯	No ◯	Yes ◯	No ◯	Yes ◯	No ◯
Individual Protection 2016	Yes ◯	No ◯	Yes ◯	No ◯	Yes ◯	No ◯
Pension Credit on Divorce	Yes ◯	No ◯	Yes ◯	No ◯	Yes ◯	No ◯
International Protection	Yes ◯	No ◯	Yes ◯	No ◯	Yes ◯	No ◯

Certificate Number if any of the above apply			

9. Fund Allocation and Pension Contributions

Member Name			
Percent or Amount of Fund Currently Allocated to You			
	Please give details of any proposed pension contributions payable.		
Contribution	£	£	£
Payable by (employer or individual)			

10. Expression of Wishes

Please list below the people whom you would like to receive any lump sum or income benefits in the event of your death. These nominations will not bind the trustees/administrator but will act as an expression of your wishes. If you wish to nominate more than three beneficiaries, please copy this page or continue on a separate sheet and attach it to this application form.

You can change your nomination at any time by requesting a further 'Expression of Wishes' form from us.

In the event of my death, I nominate the following eligible recipients (as defined in the trust deed and rules) as the persons to whom you should consider designating benefits from my SSAS fund:

Member Name			
Beneficiary 1 Full Name			
Address			
Relationship to you			
Percent of your fund to be designated to this individual			
Beneficiary 2 Full Name			
Address			
Relationship to you			

Percent of your fund to be designated to this individual			
Beneficiary 3 Full Name			
Address			
Relationship to you			
Percent of your fund to be designated to this individual			

11. Employer Declarations

- On behalf of the Principal Employer and Participating Employer(s) we agree to transfer the Scheme Administrator and Corporate Trustee of the SSAS to yourselves.
- We confirm we are acting in accordance with the Memorandum and Articles of Association of the Company or Partnership Agreement and confirm that we have the necessary capacity and authority to enter into this agreement.
- We request Whitehall to provide the necessary documentation to transfer the Scheme on our behalf and to issue such documents and provide appropriate benefits as may be required from time to time.
- We agree to your corporate trustee company acting as a Trustee and Scheme Administrator and to your administration company providing administration services to the Scheme as set out in your Terms and Conditions.
- This document, together with the any supplementary information provided by us or our Advisers or representatives provides you with the information required to assume the administration of our self-administered scheme. It also gives you essential information for regulatory purposes.
- We confirm we understand that once a contribution has been made to a Scheme, it cannot be returned without incurring a tax charge.
- We acknowledge that we are aware of the risk factors of maintaining a SSAS.
- When deciding to enter into this agreement we have not relied on any information other than the documents mentioned above.
- We have read and understood the Schedule of Fees, Trust Deed and Rules and Terms and Conditions and agree to the information and conditions set out in these documents. We understand that the schedule of fees may change from time to time and agree to the most recent version published on the Whitehall Group website.
- We agree and consent to the pension scheme banking arrangements outlined above and on the bank application form.
- We agree to the Adviser's fees set out above being paid from the SSAS fund.
- We agree and declare that we will not hold any company or individual officer or employee of Whitehall Group liable for any decisions or actions made or carried out prior to the date of your appointment.
- Every statement made in this application is to the best of our knowledge and belief, true and complete.

12. Member Trustee Declarations

- I/we agree to transfer the Scheme Administrator and Corporate Trustee of the SSAS to yourselves and agree to be bound by the Trust Deed and Rules of the Scheme, your Terms and Conditions and Fee Schedule.
- I/we request the Scheme Administrator to issue such documents and provide appropriate benefits as may be required from time to time.
- I/we confirm that I/we have the necessary capacity and authority to enter into this agreement and I/we acknowledge that I/we are aware of the risk factors of being a member and trustee of the Scheme.
- I/we agree to act as a Trustee and accept the duties and responsibilities of Trustee as set out in the Trust Deed and Rules including those of Scheme Administrator.
- Any conflicts of interest that exist or may arise will be disclosed and managed appropriately.
- I/we are not aware of any reason why I am/we are not permitted to act in the capacity of Trustee.
- I/we agree to your corporate trustee company acting as a Trustee and Scheme Administrator and to your administration company providing administration services to the Scheme as set out in your Terms and Conditions.
- I/we have read and understood the Schedule of Fees, the Trust Deed and Rules of the Scheme and your Terms and Conditions and agree to the information and conditions set out in these documents.
- I/we agree to the fee structure set out in the Schedule of Fees and understand that the appropriate fees may be paid to you by withdrawal from my/our Scheme fund.
- I/we accept that the Schedule of Fees may be updated and that an up-to-date version is available on the Whitehall Group website.
- I/we agree that where there are insufficient funds available in my/our Scheme fund to cover your fees in full, these will be settled by encashment/surrender/sale of other investments held by the Scheme and that payment will not be unreasonably withheld.
- I/we agree and consent to being jointly and personally liable for the fees payable for the operation of the Scheme and understand that this may require me/us to pay fees on behalf of another member and that I/we may be personally liable for these fees.

- I/we agree and consent to you using a pooled trustee bank account for the operation of pension payroll, administering VAT or such other purposes as may be necessary subject to my prior notification.
- Where banking arrangements are made for the Scheme which include interest payments to you, we agree and consent to these payments.
- I/we agree to the appointment of the Adviser named above and agree that investment instructions given by the Adviser to you are made on my/our behalf and with my/our full knowledge and consent.
- I/we agree to the Adviser's fees set out above being paid from my/our Scheme fund by you.
- I/we understand that if gross pension contributions paid by me/us, or on my/our behalf for any tax year exceed the Annual Allowance, I/we will be liable for an Annual Allowance tax charge.
- I/we declare and agree that where agreement cannot be reached on which investments to realise to pay retirement or death benefits or fees from the Scheme this decision can be made by you and I/we will be bound by your decision.
- I/we confirm that I/we will only require my/our Scheme to make payments authorised for the purposes of the Finance Act 2004.
- I/we will not carry out any deliberate action which could give rise to an Unauthorised Payment.
- I/we declare that if I/we are to draw retirement benefits from my/our Scheme, I/we will not use any part of my/our tax-free lump sum, either directly or indirectly to fund a pension contribution to a Registered Pension Scheme in a way that would exceed the maximum permitted under the recycling of lump sum regulations.
- I/we understand that the Expression of Wishes given above does not bind the Trustees and they have absolute discretion on payment of benefits on my/our death. I/we understand that I/we may change my/our Expression of Wishes by informing you in writing at any time.
- I/we will inform the Scheme Administrator when any of the following occur:
  1. There is a change in employer
  2. There is a change in employment status (e.g. I/we become employed, unemployed or self-employed)
  3. I/we are no longer resident in the UK
  4. I/we become resident in the UK again after living abroad
  5. I/we are no longer entitled to tax relief on any part of my/our contributions under Section 188 of the Finance Act 2004
- I/we accept and agree to the liability and indemnity clause in the Trust Deed and Rules of the Scheme.
- I/we agree to you carrying out checks to establish proof of my/our identity and residence, and those of my/our employer. Should these checks prove unsatisfactory, I/we will be required to provide proof of identity to your satisfaction, and that you at your sole discretion determine whether to accept my/our application.
- I/We agree and declare that we will not hold any company or individual officer or employee of Whitehall Group liable for any decisions or actions made or carried out prior to the date of your appointment.
- Every statement made in this application is to the best of my/our knowledge and belief, true and complete.

13. Principal Employer's Signature (If no employer is associated to the Scheme please leave blank)

Your Name	
Your Signature	
For and on Behalf of (company name)	
Your Position within the Business	
Witness Name	
Witness Signature	
Witness Address	
Witness Occupation	
Date	

14. Member Trustees' Signature(s)

	Member Name	Member Signature
Date		

15. Additional Information

Please include the following when returning this application:

- Deed of Change of Trustee ☐
- Trust Deed and Rules ☐
- Bank Application ☐
- Appointment and Acceptance of Scheme Administrator Form ☐
- Anti-Money Laundering Evidence of Identity for each Member ☐
- Copy HMRC protection certificate if applicable for any member ☐
- Copy Transitional Tax-Free Amount Certificate if applicable for any member ☐
- Information listed on our SSAS Takeover Guideline ☐

Please Return this form to:

Whitehall Group
8-10 Bolton Street
Ramsbottom
BL0 9HX

Telephone: 03302 232300

Email: enquiries@whitehallgroup.co.uk

May 2025