



SSAS Takeover Questionnaire

SeaBridge SSAS Limited (13507468) • seabridgessas.co.uk • 0116 5041150
Eliot Park Innovation Centre, 4 Barling Way, Nuneaton, CV10 7RH

Section 2: Principal Employer (Establisher and Sponsoring Employer)

Employer Name:																						
Companies House Registration No:																						
Is the company still trading?	YES <input type="checkbox"/> NO <input type="checkbox"/>																					
If No please advise when it ceased to trade																						
Registered address:																						
Email address:																						
Telephone number:																						
Trading address:																						
Preferred Correspondence address:																						
Employer main contact:																						
Name:																						
Email address:																						
Telephone number:																						
Finance contact for invoicing (if different to main contact)																						
Name:																						
Email address:																						
Telephone number:																						
Date of Incorporation:																						
*PAYE reference:	<table border="1"> <tr> <td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				/																	
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* Corporation Tax reference (Unique Tax reference) 10 or 13 digits long	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					

PLEASE NOTE THE REFERENCES ARE REQUIRED TO ENABLE US TO UPDATE HMRC ONLINE. FAILING TO PROVIDE WILL RESULT IN A DELAY TO YOUR APPLICATION

Section 2a: Participating Employers (If applicable)

Employer Name:																
Companies House Registration No:																
Is the company still trading?	YES <input type="checkbox"/> NO <input type="checkbox"/>															
If No please advise when it ceased to trade																
Registered address:																
Email address:																
Telephone number:																
Trading address:																
Preferred Correspondence address:																
Employer main contact:																
Name:																
Email address:																
Telephone number:																
Date of Incorporation:																
*PAYE reference:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>					/										
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Section 3: Directors of the Company that are Non Member Trustees

Please list ALL Company Directors of the Principal/Participating employer(s) even if they are not going to be a member trustee of the scheme

Directors full name
1.
2.
3.
4.
5.
6.
7.
8.

Section 3a will ask for 'Directors details', please only complete details of Directors who are NOT member trustees of the scheme. Any Directors who ARE member trustees will be asked to be listed under Section 4

Section 3a: Directors details

Please complete for each Director who is a NOT a Member Trustee of the scheme

Member name: (Full name as shown on ID)	Mr/Mrs/Ms/Miss (delete as appropriate)
Maiden name (if applicable):	
Date of birth:	
Permanent address:	
Time at address:	
Previous address (if less than 3 years at current address):	
Telephone numbers: Home Mobile Email address:	
* Unique Taxpayer Reference (UTR) (10 or 13 digits long)	
* National Insurance number:	

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Section 3a: Directors details

Please complete for each Director who is a NOT a Member Trustee of the scheme

Member name: (Full name as shown on ID)	Mr/Mrs/Ms/Miss (delete as appropriate)
Maiden name (if applicable):	
Date of birth:	
Permanent address:	
Time at address:	
Previous address (if less than 3 years at current address):	
Telephone numbers: Home Mobile Email address:	
* Unique Taxpayer Reference (UTR) (10 or 13 digits long)	
* National Insurance number:	

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Section 3a: Directors details

Please complete for each Director who is a NOT a Member Trustee of the scheme

Member name: (Full name as shown on ID)	Mr/Mrs/Ms/Miss (delete as appropriate)
Maiden name (if applicable):	
Date of birth:	
Permanent address:	
Time at address:	
Previous address (if less than 3 years at current address):	
Telephone numbers: Home Mobile Email address:	
* Unique Taxpayer Reference (UTR) (10 or 13 digits long)	
* National Insurance number:	

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Section 4: SSAS Membership

Please list current Member Trustees of the scheme

Member full name
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Section 4a: Member Trustee details

Member name: (Full name as shown on ID)	Mr/Mrs/Ms/Miss (delete as appropriate)
Maiden name (if applicable):	
Date of birth:	
Marital Status:	
Spouse's/Civil Partner's name (if applicable)	
Spouse's/Civil Partner's date of birth	
Nationality:	
Permanent address:	
Time at address:	
Previous address (if less than 3 years at current address):	
Contact details: Tel Home Mobile Email address	
Country of residence for tax purposes:	
Member Trustee Status	Active <input type="checkbox"/> Retired <input type="checkbox"/> Deferred <input type="checkbox"/>
If retired please select Drawdown status	Capped <input type="checkbox"/> Flexi Access <input type="checkbox"/>
If retired have you taken any benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Unique Taxpayer Reference (UTR) (10 or 13 digits long)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
* National Insurance number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Member Trustee details

Member name: (Full name as shown on ID)	Mr/Mrs/Ms/Miss (delete as appropriate)
Maiden name (if applicable):	
Date of birth:	
Marital Status:	
Spouse's/Civil Partner's name (if applicable) Spouse's/Civil Partner's date of birth	
Nationality:	
Permanent address:	
Time at address:	
Previous address (if less than 3 years at current address):	
Contact details: Tel Home Mobile Email address	
Country of residence for tax purposes:	
Member Trustee Status	Active <input type="checkbox"/> Retired <input type="checkbox"/> Deferred <input type="checkbox"/>
If retired please select Drawdown status	Capped <input type="checkbox"/> Flexi Access <input type="checkbox"/>
If retired have you taken any benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Unique Taxpayer Reference (UTR) (10 or 13 digits long)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
* National Insurance number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Member Trustee details

Member name: (Full name as shown on ID)	Mr/Mrs/Ms/Miss (delete as appropriate)
Maiden name (if applicable):	
Date of birth:	
Marital Status:	
Spouse's/Civil Partner's name (if applicable)	
Spouse's/Civil Partner's date of birth	
Nationality:	
Permanent address:	
Time at address:	
Previous address (if less than 3 years at current address):	
Contact details: Tel Home Mobile Email address	
Country of residence for tax purposes:	
Member Trustee Status	Active <input type="checkbox"/> Retired <input type="checkbox"/> Deferred <input type="checkbox"/>
If retired please select Drawdown status	Capped <input type="checkbox"/> Flexi Access <input type="checkbox"/>
If retired have you taken any benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Unique Taxpayer Reference (UTR) (10 or 13 digits long)	<input type="text"/>
* National Insurance number:	<input type="text"/>

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Member Trustee details

Member name: (Full name as shown on ID)	Mr/Mrs/Ms/Miss (delete as appropriate)
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Date of birth:	
Marital Status:	
Spouse's/Civil Partner's name (if applicable) Spouse's/Civil Partner's date of birth	
Nationality:	
Permanent address:	
Time at address:	
Previous address (if less than 3 years at current address):	
Contact details: Tel Home Mobile Email address	
Country of residence for tax purposes:	
Member Trustee Status	Active <input type="checkbox"/> Retired <input type="checkbox"/> Deferred <input type="checkbox"/>
If retired please select Drawdown status	Capped <input type="checkbox"/> Flexi Access <input type="checkbox"/>
If retired have you taken any benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Unique Taxpayer Reference (UTR) (10 or 13 digits long)	<input type="text"/>
* National Insurance number:	<input type="text"/>

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IF MORE THAN FOUR MEMBERS, PLEASE PROVIDE ADDITIONAL MEMBER TRUSTEE INFORMATION ON A SEPARATE SHEET AND ATTACH.

Section 5: Pension Protection

If you have applied to HMRC for any transitional protection for your pension fund, please provide details:

Primary Protection, Enhanced Protection, Fixed Protection 2012/2014/2016, Individual Protection 2014/2016

Protection Type	HMRC Certificate number	Member Trustee

Section 6: Financial Advice

- I can confirm that regulated financial advice had been provided
- I can confirm that a Financial Adviser has not been involved in connection with the takeover of the SSAS

Please tell us below who your Professional Adviser (Accountant or IFA) is who will provide advice to the member trustees:

Company Name:	
Company Address:	
Telephone number:	
Email address:	
Person in firm appointed:	
Date firm appointed:	
FCA Registered No (if applicable)	
Network Name:	
Adviser Initial Fee:	£
Adviser Ongoing Fee:	£

Section 7: Identity Confirmation

Please provide certified ID for each member trustee. A certified copy of your passport and driving licence are the best documents for customer identification purposes. Please ensure all copies are clear and legible.

For documents with a photo the certifier declaration should read: **I certify that this is a true likeness of (full name of individual) and that this is a true copy of the original document.** For documents without a photo the certifiers declaration should read: **I certify that this is a true copy of the original document.**

A list of acceptable documents is provided below:

Evidence of Identity

Current Full Passport
Current Full UK Driving Licence (cannot also be used to confirm address)
National Identity Card
State Pension or Benefits Book/letter
HM Revenue & Customs Tax Notification (cannot also be used to confirm address)
Firearms certificate

Evidence of Address

Current Full UK Driving Licence (cannot also be used to confirm Identity)
Bank/ Building Society Statement or Passbook
Utility Bill (not mobile phone)
Mortgage Statement
Council Tax Bill

Section 8: Declaration

- I/We confirm that the information provided in this document is true and accurate and to the best of my/our knowledge.
- I/We authorise SeaBridge SSAS Limited to request information to investigate our request to take over the SSAS Scheme administration.
- I/We understand that upon successful conclusion SeaBridge SSAS Limited will provide me/us with the necessary documentation to take over our scheme.
- I/We authorise any party to release information in relation to our scheme/pension arrangements to SeaBridge SSAS Limited upon their request.
- As Member Trustee of the pension scheme named above I/We agree to continue to act as a Member Trustee jointly with other members and agree to be bound by the duties and responsibilities of a Trustee as set out in The Trust Deed and Rules.
- I agree to SeaBridge SSAS Limited carrying out checks to establish proof of my identity and residence (and those of my employer where employer contributions are to be paid.) Should these checks prove unsatisfactory I understand I will be required to provide proof of my identity to the satisfaction of SeaBridge SSAS Limited who may, at its sole discretion, determine whether to accept this application.
- I understand that where SeaBridge SSAS Trustees Limited are appointed to act as a Trustee they will operate all bank accounts for the scheme as sole signatory and may be joint owners of all scheme assets.

- I understand that unless I have requested otherwise, SeaBridge SSAS Limited will normally correspond with the Adviser named in this application.
- I understand and agree that SeaBridge SSAS Limited are entitled to charge fees and expenses for administering the scheme in accordance with their Fee Schedule and that I have been provided with a copy of the Fee Schedule current at the date of this application. If any of the fees and expenses are not paid either by a participating employer of the scheme or directly from scheme funds, I agree to be jointly and severally liable with the other Member Trustees for payment.
- I understand and agree that neither SeaBridge SSAS Limited nor SeaBridge SSAS Trustees Limited shall bear any liability for any unauthorised payments, tax charges or other penalties levied by HM Revenue & Customs. If an unauthorised payment is made from the scheme I understand and agree that any tax charges may be deducted from the scheme bank account or, if there is insufficient cash available, scheme assets will be realised by SeaBridge SSAS Limited or SeaBridge SSAS Trustees Limited to pay these. I agree to be jointly and severally liable with the other Member Trustees to pay any difference between the total tax charges due and the amount available in the pension scheme.
- I understand that the scheme will be registered with the Information Commissioners Office for data protection purposes and that I will be a joint Data Controller for the purposes of the Data Protection Act 1998 along with the other trustees.
- I confirm that I am granting permission for SeaBridge SSAS Limited and SeaBridge SSAS Trustees Limited to process my personal data in accordance with the Data Protection Act 1998.

This questionnaire is to be signed by two Member Trustees or Directors/Partners of the Principal Employer

Print Name:

Signature

Member **Director**

.....

Date

Print Name:

Signature

Member **Director**

.....

Date

Please return the completed documents to:

SeaBridge SSAS Limited
 Eliot Park Innovation Centre
 4 Barling Way
 Nuneaton
 CV10 7RH

Section 9: Trustees authority

Scheme name:	
--------------	--

- I/We authorise SeaBridge SSAS Limited to request information to investigate our request to take over the SSAS Scheme administration.
- I/We authorise the trustees/administrators concerned to provide SeaBridge SSAS Limited with the details they request regarding this pension scheme.

Transferring Administrator:	
Transferring Administrator address:	

Members Name:

Signature

.....

Date

Members Name:

Signature

.....

Date

Members Name:

Signature

.....

Date

Members Name:

Signature

.....

Date

Appendix 1



Property Takeover Questionnaire

Section 1: Property details

Property address:	
Property description e.g., factory including office:	
Could any part of the property be described as residential? If yes, please provide further information:	
Property value:	£ Date
Is the property opted to Tax?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the scheme registered for VAT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the property Freehold or Leasehold?:	Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/>
If leasehold, please advise the unexpired term:	
Details of any restrictive covenants, easements, or third-party rights (e.g., rights of way) affecting the title.	
Does the property have any mezzanine flooring, solar panels or car charging ports?	

Section 2: Lease details

Is the property subject to an existing lease?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the tenant a connected party?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a copy of the lease attached?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tenant:	
Lease term:	
Rental amount:	£
Review date:	
Payment frequency:	
Are there any rent arrears?:	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: £

Section 3: Borrowing

Is borrowing in place?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If borrowing is in place who is the lender?:	
Amount of borrowing:	£
Is the property being purchased jointly with another party?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Joint purchaser:	
Is the joint purchaser connected?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Value owned by joint purchaser:	£

Section 4: Environmental

Are you aware of any environmental risks?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please provide further information:	
Please advise if there has been any flood incidents or claims in the last 10 years?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide further information:	
Do you have any asbestos survey or management plan for the control of asbestos?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the property have a current Energy Performance Certificate (EPC):	<input type="checkbox"/> YES <input type="checkbox"/> NO Rating A/B/C/D/E/F/G
If an EPC is not held, please provide further information:	

Section 5: Insurance Details

Please provide existing insurance details below. Please provide a copy of the insurance schedule. If you require a quote from our panel insurance broker, please let us know.

Insurer Name:	
Policy number:	
Insurers address:	
Insurer telephone number:	
Insurance Broker details Name Address Telephone number	

Section 6: Solicitor Details

Please provide details below of the Solicitor you wish to appoint to act for the Trustees. If you do not have a preferred Solicitor, please let us know.

Do you have a preferred Solicitor?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Solicitors contact Name:	
Solicitor company name:	
Solicitor company address:	
Solicitor company telephone number:	
Solicitors contact email address:	

Section 7: Property Declaration

We confirm that by signing the declaration below:

- I/We confirm that the information provided in this document is true and accurate and to the best of my/our knowledge
- I/We understand that all costs relating to the property investment should be paid from the pension fund as they are a direct cost of purchasing an asset owned by the Pension Scheme.
- I/We confirm that SeaBridge SSAS Limited has not provided me/us with any advice with regards to holding property within our Pension Scheme.
- I/We understand that commercial property may take time to realise it's value therefore could delay the payment of member's benefits.
- I/We confirm that the Member Trustees will ensure that the property is insured prior to completion of the purchase and remains insured whilst it is owned by the Pension Scheme.

This questionnaire is to be signed by two Member Trustees

Print Name:

Signature

Date

.....

Print Name:

Signature

Date

.....

Please return the completed documents to:

SeaBridge SSAS Limited
Eliot Park Innovation Centre
4 Barling Way
Nuneaton
CV10 7RH

Appendix 2



Nomination of Beneficiaries

Nomination of your Beneficiaries on Death

Member Name
The Trustees of the (scheme name in full)

Name	Address	Relationship	Date of birth	Percentage %

In the event of my death, I would like an income/lump sum benefits to be paid to persons set out above. *

I understand I can change these at any time by giving notice of the scheme trustees.

** On death before age 75, certain lump sum death benefits are tested against the 'lump sum and death benefit allowance, whereas death benefits paid as a pension income are not.*

These nominations will act as an expression of my wishes but will not bind the scheme trustee in any way.

Other comments:

If you are unsure about any implications addressed in this form, please contact a financial advisor.

Member Name

Member Signature.....

Date

On your death, your remaining Individual Funds (“your funds”) will be applied in accordance with the rules of the scheme. Within the overall limits of the tax legislation, the rules give wide discretion over the exact form of benefits and the recipients. Any nomination you make in this form is not binding on the scheme but will be considered carefully. The notes at the end of this form provide further explanation: **Please read these carefully.**

Nomination of your Beneficiaries on Death

Member Name
The Trustees of the (scheme name in full)

Name	Address	Relationship	Date of birth	Percentage %

- In the event of my death, I would like an income/lump sum benefits to be paid to persons set out above. *
- I understand I can change these at any time by giving notice of the scheme trustees.

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Member Name

Member Signature.....

Date

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Member Name
The Trustees of the (scheme name in full)

Name	Address	Relationship	Date of birth	Percentage %

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Member Name

Member Signature.....

Date

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Member Name
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Member Signature.....

Date

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Important Information

There are legal and practical difficulties in making payments directly to minors or other vulnerable beneficiaries. However, the scheme does have power to pay lump sums to parents or guardians of beneficiaries, or to separate trusts for their benefit. If this is relevant to you, you may wish to discuss with your solicitor the setting up of an appropriate trust (if you do not already have one), and you should ensure the scheme is aware of any such trust.

Notes

Definitions

"beneficiary" here means a person eligible under the Scheme's rules to receive a lump sum on your death. This includes any person nominated by you in this form plus relatives, dependents, and any beneficiary under your will.

"dependent" means your spouse or civil partner, any child of yours under age 23, anyone who is dependent on you due to mental or physical impairment, and anyone (except a child over 23) who is financially dependent on you/ with whom you are financially mutually dependent.

"nominee" for drawdown purposes means an individual who is not a dependent and who is nominated by you. The tax legislation also allows the Scheme to nominate an individual, but only if there are no dependents and there is no individual or charity nominated by you.

References to "the Scheme" as a person are to the trustees of the Scheme.

Availability of drawdown

The way that "nominee" is defined by tax legislation could stop drawdown being offered to suitable beneficiaries in some situations. For example:

- a member does not make a nomination. He is survived by his spouse and his brother. The spouse is keen for some benefit to be paid to the brother. The Scheme can pay him a lump sum, but cannot offer him drawdown as an alternative, because the member did not nominate him. The scheme administrator cannot nominate him because there is a dependent.
- a member nominates his spouse but they subsequently divorce. He is survived by the ex-spouse and their adult children. The Scheme can take account of the divorce and pay lump sums to his adult children, but cannot offer the children drawdown as an alternative, because the member did not nominate them. The scheme administrator cannot nominate them because the member has nominated the ex-spouse.

To avoid such problems without trying to predict all future circumstances, you may wish to make a broad nomination of all beneficiaries by ticking the box on Page 1 of the form. Doing so does not mean that the Scheme will pay benefits to all of them, nor that it will ignore any more specific wishes you have. It just means that the Scheme will have greater scope to offer drawdown as an alternative to lump sums, particularly where your nomination form becomes out of date. Benefits from the Scheme on death at any age are usually free of inheritance tax because the recipients are chosen by someone other than you (and this is the main reason the rules of the Scheme do not treat this form as binding).