



New SSAS Application

Proposed SSAS Name :

This can be any name you choose and does not have to include the Company name

Section 1: Reason for Establishing a SSAS

What are the specific short-term and long-term goals for this SSAS?

Section 2: Principal Employer (Establisher and Sponsoring Employer)

Employer Name:	
Companies House Registration No:	
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:														
Is the company currently trading? If No provide details of when you expect to begin trading	Yes <input type="checkbox"/> No <input type="checkbox"/>													
Number of Employees														
Main trading activity														
* PAYE reference:	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				/									
			/											
* Corporation Tax reference (Unique Tax reference) 10 or 13 digits long	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
* VAT number (where applicable)														

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 (Additional Employer if applicable)

Employer Name:	
Companies House Registration No:	
Is the company still trading? If No provide details of when you expect to begin trading	YES <input type="checkbox"/> NO <input type="checkbox"/>
Number of Employees	
Registered address: Email address: Telephone number:	
Trading address:	
Preferred Correspondence address:	
Employer main contact: Name: Email address: Telephone number:	
Date of Incorporation:	
*PAYE reference:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
* Corporation Tax reference (Unique Tax reference) 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"/>
* VAT number (where applicable)	

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If you wish to add more than one Participating Employer, please repeat the relevant section for each employer.

- We request that SeaBridge SSAS Trustees Limited establish on our behalf a Pension Scheme in the name of (Scheme name)
- By completing this form, we are requesting that Companies detailed above have indicated that they wish to be adhered to the Pension Scheme called.
..... (Scheme name)
- We hereby appoint SeaBridge SSAS Trustees Limited as Scheme Administrator/Practitioner (**delete as applicable**) to administer our Scheme.

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 will NOT be a member trustee of the scheme. Any Directors who WILL be a Member Trustee 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 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 **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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If there are more than three Directors who are not members of the scheme, please provide additional Directors information on a separate sheet and attach.

Section 4: SSAS Membership

Please list who will be invited to join the SSAS as Member Trustee

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

Section 4a: Member Trustee details

Please complete for each Member Trustee

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):	
Telephone numbers: Home Mobile Email address:	
Country of residence for tax purposes:	
* Unique Taxpayer Reference (UTR) (10 or 13 digits long)	
* National Insurance number:	

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

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):	
Telephone numbers: Home Mobile Email address:	
Country of residence for tax purposes:	
* Unique Taxpayer Reference (UTR) (10 or 13 digits long)	
* National Insurance number:	

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

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):	
Telephone numbers: Home Mobile Email address:	
Country of residence for tax purposes:	
* Unique Taxpayer Reference (UTR) (10 or 13 digits long)	
* National Insurance number:	

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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):	
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* National Insurance number:	

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If more than four members, please provide additional Member Trustee information on a separate sheet and attach.

Section 5: 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 establishment 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 6: Eligibility

HM Revenues and Customs may request information from us in relation to your registration as a trustee of the scheme. Please complete the section below to provide the information required.

Occupation:	
Employer:	
Remuneration in the last tax year or the anticipated remuneration for the current tax year:	£
Have you ever been disqualified from acting as a company director?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 7: 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, Fixed Protection 2014/2016,

Protection Type	HMRC Certificate number	Member Trustee

Section 8 : Contributions

Member Trustee Name				
Anticipated Contribution during the first Scheme Year:	£	£	£	£
Total of all contributions paid on your behalf or paid by you to all registered Pension Schemes during the current tax year:	£	£	£	£
Total of contributions paid on your behalf or by you during the previous three tax years:	£	£	£	£
	£	£	£	£
	£	£	£	£

Section 9: Transfers

Please confirm if you wish to transfer any existing benefits into this scheme. Yes No

If **yes**, please complete our Transfer in form for each Transfer in the Appendix section of this form.

Section 10: 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 11: Employer Declaration

- We confirm that we are acting in accordance with the Memorandum and Articles of Association of the Company, and we have the authority to enter into this agreement.
- Following receipt of this document please provide the necessary documentation to establish the Pension Scheme and provide the members with details of their membership on our behalf.
- Please be aware that failure to provide all the information requested will result in a delay in submitting your Scheme to HMRC for approval.
- We understand that each member of the Scheme will be appointed as a Trustee, and we also appoint SeaBridge SSAS Trustees Limited as a Trustee to the Scheme if they are also appointed as Scheme Administrator.
- SeaBridge SSAS Trustees Limited will act as Scheme Administrator to this Scheme jointly with the member Trustees.
- SeaBridge SSAS Trustees Limited will make the application to HMRC for Scheme Approval at the earliest opportunity. The timescale for Approval is set by HMRC and SeaBridge SSAS Trustees Limited cannot be held responsible for any delay in investments due to a delay in receiving Scheme Approval.
- If SeaBridge SSAS Trustees Limited act as Practitioner to your scheme the Member Trustees will act as Scheme Administrator.

- This document together with any additional information provided by us, our Advisers or Representatives whether in our own handwriting or not, provides you with the information required to establish and administer our Pension Scheme
- The Member Trustees all agree that SeaBridge SSAS Trustees Limited will correspond with the party named as Main contact and give permission to be provided to this party. This decision can be amended in future by a request in writing signed by all members.
- We understand and agree that SeaBridge SSAS Trustees Limited are entitled to charge fees and expenses for administering this scheme. We confirm that we have received a copy of the Schedule of Fees current at the date of this Application and agree to pay the fees set out in that Schedule. We understand that in accordance with the Terms of Business we have signed that the fees may be amended or increased. We acknowledge that the most recent version of the Fee Schedule will be published on the SeaBridge SSAS Limited website.
- We confirm that to the best of our knowledge and belief that the information provided in the application form and supporting documentation is true and complete and we understand that it is an offence to make false statements.

**For and on Behalf of:
(Principal Employer)**

Signature

Company Director

.....

Print Name:

Date:

**For and on Behalf of:
(Participating Employer)**

Signature

Company Director

.....

Print Name:

Date:

Please repeat signature for each additional Participating Employer

Section 12: Member Trustee Declaration

- I apply to become a member of the pension scheme named above and I agree to act as a Member Trustee jointly with all other scheme members. I accept the duties and responsibilities of a Trustee as set out in the Trust Deed and Rules, and to be always bound by the Trust Deed and Rules. I have had the opportunity to read the Rules.
- I confirm that I have not been disqualified from acting as a company director and I am not an undischarged bankrupt and therefore consider myself eligible to act as a Member Trustee.
- I understand that my membership is based upon the information disclosed in this application form and any supplementary application forms, whether completed in my own handwriting or not, and confirm that the information is true and complete to the best of my knowledge.
- I agree to provide SeaBridge SSAS Limited with any information required to administer the scheme and to keep them informed of any changes to include, but not limited to, any changes in name, address, residency, or occupation. I agree to notify SeaBridge SSAS Limited of any such change within 30 days.
- 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 authorise SeaBridge SSAS Limited to realise investments under the scheme to pay any monies due relating to scheme fees and/or third-party charges or to pay pensions or death benefits at its sole discretion if I or my advisers fail to give adequate instructions.
- I understand that I (or my professional Adviser acting on my behalf), together with the other member Trustees, are solely responsible for all decisions relating to the purchase, retention and sale of the investments forming part of the assets of the pension scheme. I agree that both SeaBridge SSAS Limited and SeaBridge SSAS Trustees Limited are indemnified against any claim for loss or for any tax charges which may arise in respect of such decisions out of the assets of the scheme (or if these are insufficient, by me)
- I authorise SeaBridge SSAS Limited to provide information to my appointed IFA/Accountant mentioned in Section 4 Financial Advice. I understand that I can change this decision at any time by providing an updated instruction in writing.

- 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.
- I declare that the information provided in this application form, together with any other supplementary documents completed in connection with it, is true and complete to the best of my knowledge.
- I understand it is a serious offence to make false statements and that penalties are severe and could lead to prosecution.

Members Name:

Signature

Date

.....

Members Name:

Signature

Date

.....

Members Name:

Signature

Date

.....

Members Name:

Signature

Date

.....

If there are more than four members, please provide additional Member Trustee signatures on a separate sheet and attach.

Appendix 1



Property Purchase 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 price:	£
Proposed exchange and completion dates	
Is the property being transferred in specie?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If in specie who currently owns the property?	
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:	
Is the property being purchased at auction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of auction	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please provide auction pack or advise where the property details can be obtained from:	
Is the property a new build?	
If YES, please provide details of the builder:	
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: Financing the purchase

Please confirm how the purchase is to be funded:	
Is borrowing required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If borrowing is required who is the preferred 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

Please confirm if you would like an insurance quote from our panel insurance broker. There is no obligation to take the policy out should you choose not to.

Please arrange a quote for the property to be purchased:

I would like to arrange our own commercial insurance and will provide a copy of the insurance quote/schedule:

We recommend the following is covered:

- Declared Value – valued by a Surveyor every 3 years
- Property Owners liability of £10 million
- Three years loss of rent cover
- Terrorism cover is included.

**Please note that where the purchase relates to Commercial Land with no building, only Public Liability and Loss of rent cover is required.*

Section 6: Solicitor Details

Please provide details below of the Solicitor you wish for us to appoint to act for the Trustees. If you do not have a preferred Solicitor and would like to use one of our panel Solicitors, 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: Vendors Details

Name of the vendor	
Is the vendor connected to the member(s)	
Vendors Solicitor contact Name:	
Vendors Solicitor company name:	
Vendors Solicitor company address:	
Vendors Solicitor company telephone number:	
Vendors Solicitors contact email address:	

Section 8: 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. *

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Other comments:

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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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Other comments:

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Member Name

Member Signature.....

Date

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Member Name
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Name	Address	Relationship	Date of birth	Percentage %

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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 under current legislation 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).

Taxation of benefits on the death of a member

Lump sums

- are free of income tax if you die before age 75, so long as they are paid within two years (from the date the Scheme was aware of the death of the member) and from 6 April 2024 they do not exceed the lumps sum death benefit allowance:
- are in any case free of income tax if paid to a charity nominated by you where there are no dependents:
- otherwise the benefits are taxed at the recipient's marginal tax rate:
- from the 6 April 2024 the tax free lump sum will count towards the lump sum and death benefit allowance. Any excess will be assessed against the beneficiary, where there is more than one beneficiary, this would be apportioned between them. Even if paid to non-qualifying entity, subject to basic rate tax of trust rate (45%) However if paid outside the two year window, or after age 75 for non-qualifying entity tax will increase to 45%

Drawdown payments

- are free of income tax if you die before age 75, so long as the funds are designated within two years (from the date the Scheme was aware of the death of the member)
- otherwise, are simply taxed as income at the recipient's marginal tax rate, unless paid to a non-qualifying entity, such as a trust, when it will be subject to tax at 45%

Appendix 3



**Transfer in
Application**

Section 1: Transfer details

Member Name(s):	
Name of Transferring scheme:	
Name of pension provider:	
Type of Pension: i.e. SIPP, EPP, Personal Pension	
HMRC Pension Scheme Tax Reference (PSTR) if known:	
Policy Number(s):	
Approximate transfer value:	£
Is this a partial transfer:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any assets to be transferred in specie? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the transfer from a Final Salary Scheme or does it include safeguarded benefits? e.g. guaranteed annuity rates? If yes, please provide further details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the pension subject to a pension sharing order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the transfer have a protected lump sum:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a protected pension age in the transferring scheme:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you drawn any pension benefits (PCLS or Income):	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Date of First Crystallisation:	
What percentage of the Lifetime Allowance has been used:	%
What type of Drawdown benefit applies:	Capped <input type="checkbox"/> Flexi-Access <input type="checkbox"/> Partially Crystallised <input type="checkbox"/> Fully Crystallised <input type="checkbox"/>

Section 2: 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 transfer in to my SSAS

Please tell us below who your Professional Adviser is who has provided 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 3: Declaration

- I confirm that I have neither sought or received any advice from SeaBridge SSAS Limited in relation to this transfer.
- I authorise the Transferring Scheme administrator to release all necessary information to SeaBridge SSAS Limited to enable the transfer of funds.
- A transfer of my full allocation will constitute a full and final discharge of my rights. Following the transfer I shall have no further claim against the Transferring Scheme in relation to this policy/pension.
- Where the payment made and/or assets transferred constitute part of the funds under the Transferring Scheme then I shall have no further claim against any trustee of the Transferring Scheme in relation to that part of the funds.
- I accept that there may be delays if there are any fees or tax due in respect of the Transferring Scheme including fees in relation to this transfer. Where the transfer includes a transfer of assets, I acknowledge that there may be delays in completing the transfer whilst the assets are reregistered to the Receiving Scheme, and I acknowledge that I may not be able to draw benefits during the transfer. Where the transfer includes property, I discharge the Trustees from any liability to VAT tax such as Land and Buildings Transaction Tax fees or other liabilities.
- I authorise and instruct the transferring scheme administrator to transfer funds and/or the assets as listed in this form directly to the Scheme Trustees. Where the transferring scheme administrator has asked me to give them any original policy document(s) in return for the transfer and I am unable to do so. I understand that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me or on my behalf, either on this form or with respect to benefits from the transferring scheme.
- If I am transferring a capped drawdown arrangement(s) to a flexi-access drawdown arrangement I will be subject to the MPAA (Money Purchase Annual Allowance) from the date, I first draw income under Flexi-access.
- If I have taken benefits from the transferring scheme or any other registered pension scheme which means that I am subject to the Money Purchase Annual Allowance (MPAA) I have supplied the date the MPAA first applied to me. The MPAA will apply to you if you have drawn income under Flexi-Access drawdown this will mean that under current legislation future contribution paid on your behalf will be restricted to £10,000 per annum.

Print Name:

Signature

Date

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Please return the completed documents to:

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