
SSAS Member Application Form

INDIGO

SSAS Member Application Form

Scheme Name:	(the “Scheme”)
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Member / Trustee Name:	
Date of Birth:	
NI Number:	
Unique Tax Reference (UTR):	
Residential Address:	
Telephone / Email:	

For Members, please provide details below of any existing pensions that you wish to transfer into the SSAS. {It would speed the process up if you contact your provider personally to obtain a copy of any necessary **Transfer Discharge Forms**}

1

Plan Number:	
Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value

2

Plan Number:	
Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value

3

Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value

EXPRESSION OF WISH

I understand that due to the nature of the Scheme and upon my death, any residual benefits held within the Scheme that are attributable to me, will be distributed to my beneficiaries at the sole discretion of the remaining trustees of the Scheme and as such, the Expression of Wish that I provide cannot be a legally binding document, but will be taken into consideration.

In the event of my death, **I wish** for the Trustees to distribute my remaining fund to the following Individuals, Charities or Trusts.

Name:	
Relationship to Me:	
Scheme Name:	
Address:	
Percentage:	

Name:	
Relationship to Me:	
Scheme Name:	
Address:	
Percentage:	

Name:	
Relationship to Me:	
Scheme Name:	
Address:	
Percentage:	

To nominate more than 3 beneficiaries, please copy this page

DECLARATION

I declare that:	Yes / No
To the best of my knowledge and belief, the details I have provided on this form are correct and complete.	
I consent to the lawful use of my personal information by those individuals, companies and other relevant parties, for the sole purpose of the administration and management of the Scheme.	
I wish to accept my invitation to join the Scheme.	
I wish to be appointed as a Trustee of the Scheme and agree to be bound by the rules of the Scheme, as defined in the current governing Trust Deed and Scheme Rules.	
I understand that as a Trustee of the Scheme I may, through the course of my duties, handle other parties' personal information and I agree to do so lawfully.	
I have not been removed or forbidden from acting as a Trustee by either; The Pensions Regulator or a Court of Law.	
I am not an undischarged bankrupt. (please answer Yes, if not)	
I have the ability to contract.	
I undertake to inform you in writing immediately if: <ul style="list-style-type: none"> • I change my permanent residential address; or • I change my residency status; or • I am made bankrupt 	

Member's / Trustee's Signature:	
Date:	