Takeover Questionnaire

1 Introduction

In order to allow Yorssas (Trustees) Limited to be appointed as the professional trustee and Yorssas Limited the role of scheme administrator, please provide the following information and associated documentation that may be relevant.

Please note that making a false declaration on this application can have serious consequences.

2 Scheme Details

Name of scheme	
Scheme/Policy Number	
HMRC Registration Number	
Number of members	

3 Principal Employer

Contact name	
Company Name	
Registered Office	
	Postcode
Tel No	Email Address
Trading Address	
	Postcode
Tel No	Email Address
Employer Status (e.g. limited, partnership, etc)	Employer Year End
Nature of Business	
Corporation Tax District / Reference	PAYE District / Reference

4 Retiring Administrator

Scheme Administrator Name	
Company Name (if applicable)	
Address	
	Postcode
Contact Name	
Tel No	Email Address
Scheme Administrator ID	A

Has the scheme been registered for HMRC on-line pension service? ☐ Yes ☐ No

5 Trustees

Full Name	Address	Member	
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No

6 Non Member Trustees

Full Name	Address

7 Trustee Bank Account Details

Are the account details

| Existing Details? | ☐ Yes ☐ No |
| New Account to be created? | ☐ Yes ☐ No |

Please be aware some administrators will not allow the bank account to be transferred to a new scheme administrator.

Bank Name	
Bank Address	
	Postcode
Tel No	Email Address
Contact Name	
Signing Instructions	

8 Current Assets

Type of Holding	Company	Policy No	Value(£)

9 Additional Information

10 Professional Appointments

Actuarial Adviser

Company Name	
Address	
	Postcode
Tel No	Email Address
Contact Name	

Independent Financial Adviser to Scheme

Company Name	
Address	
	Postcode
Tel No	Email Address
Contact Name	
Regulated by	Authorisation Number

Will the IFA be appointed to act as the Investment Adviser? ☐ Yes ☐ No

Do you wish your financial Adviser to receive remuneration from your SSAS? ☐ Yes ☐ No

Remuneration	Initial (Set Up)	£	or	%
	Additional Funds	£	or	%
	Annual	£	or	%

Any annual fee must be submitted by an invoice

Accountant (Principal Employer)

Company Name	
Address	
	Postcode
Tel No	Email Address
Contact Name	

Additional Participating Employer

Is any employer, other than the principal employer, to participate in the SSAS? ☐ Yes ☐ No

If yes, please complete the following :-

Company Name	
Registered Office	
	Postcode
Tel No	Email Address
Trading Address	
	Postcode
Tel No	Email Address
Employer Status (e.g. limited, partnership, etc)	Employer Year End
Nature of Business	
Corporation Tax District / Reference	PAYE District / Reference

11 Declaration

On behalf of the Principal Employer we agree to Yorssas Limited and Yorssas (Trustees) Limited investigating the takeover of the scheme. We understand that there will be a charge for this work and any additional work associated with the takeover of the scheme.

We confirm we are acting in accordance with the Memorandum and Articles of Association of the Company or Partnership Agreement.

We confirm that all of the data contained within this questionnaire is to the best of our knowledge accurate.

We agree to be bound by the Trust Deed and Rules of the Scheme and as amended from time to time.

Yorssas (Trustees) Limited and Yorssas Limited have been formally appointed as Professional Trustee and Administrator, respectively, to the scheme with immediate effect.

We accept the Yorssas Limited fees (as amended from time to time) and that they will be invoiced as appropriate.

Name		Position	
Signature		Date	

Name		Position	
Signature		Date	

Name		Position	
Signature		Date	

Name		Position	
Signature		Date	

Name		Position	
Signature		Date	