

A separate form must be completed for each member.

1 Scheme Details

Name of scheme
Scheme/Policy
Number

2 Member Details

Name
Address

Title	Forename(s)	Surname
Postcode		
Home Tel No	Work Tel No	
Email Address	Mobile No	
Marital Status		
Date of Birth	Spouses Date of Birth	
N.I. Number	Member's Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Tax Reference	Tax Reference District	
Expected Retirement Age		

3 Employment Details

If you are a family member but not employed by the principal employer you must seek their permission prior to joining the scheme. Confirmation of this permission must be provided to Yorssas Limited in writing.

Name of Employer

Date you joined Employer

Are you a Director?

Date you became a Director

% Company Ownership

<input type="checkbox"/> Yes <input type="checkbox"/> No			
%			

4 Transfers

Are you transferring benefits under one or more registered pension scheme(s) into your SSAS? Yes No

	Number	Total estimated value
Cash Transfer		
In Specie		

5 Benefits

Do you intend to commence benefits immediately? Yes No

Are you currently in receipt of benefits? Yes No

If yes, please complete a Benefit Payment Form

6 Expression of Wish

Please provide details of who you wish your death benefits to be paid to.

Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>
Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>
Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>
Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>
Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>
Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>
Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>
Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>

7 Protection

Have you registered for

Enhanced Protection? Yes

HMRC Reference Number

Primary Protection? Yes

HMRC Reference Number

Fixed Protection? Yes

HMRC Reference Number

Please enclose a copy of the HMRC Certificate



8 Member Declaration

I hereby apply to become a member of the Scheme referred to above and I agree to be bound by the Trust Deed and Rules, as amended from time to time.

The information provided on this form is correct and complete, to the best of my knowledge.

I wish to nominate the persons named in the Expression of Wish section to receive any death benefits payable under the scheme on my death.

Data Protection

I understand that under the Data Protection Act 1998, Yorssas (Trustees) Ltd (the Professional Trustees) are required to obtain my consent to process data about me. I therefore consent to the professional trustees and Yorssas Limited (the administrators) processing data relating to me for the purpose of administering and operating the scheme. In addition to this I authorise the data being transferred to third parties in connection with the administration and operation of the scheme.

I have the right to ask for a copy of the personal data held on record of me for the payment of a nominal fee. Any inaccuracies that require to be corrected will be amended as and when requested.

Trustee Terms

I agree to my appointment as trustee and understand that:

- a) the main purpose of the Scheme must be the provision of retirement and death benefits
- b) a trustee has general duties under law and specific duties imposed by the Trust Deed and Rules. A trustee must be aware of the liabilities of the trust and any limitations imposed by HMRC
- c) the trustees have a duty to invest trust assets in the best interests of the beneficiaries and to act as a prudent person would when investing on their own behalf
- d) under trust law all trustees of a trust are jointly responsible for the administration and management of the trust assets whether or not any duties have been delegated to a third party

Investments

All trustees must be party to all investments and the specific consent of Yorssas (Trustees) Limited must be obtained before making any investment.

Mandates for any bank or building society must be signed by all trustees, including Yorssas (Trustees) Limited. A limited liability clause may be required for Yorssas (Trustees) Limited. A copy of all statements must be provided to Yorssas (Trustees) Limited as soon as possible.

I hereby authorise Yorssas (Trustees) Limited to register the Scheme on behalf of the trustees.

I consent to Yorssas (Trustees) Limited or Yorssas Limited obtaining information they may require from my employer, any pension provider with which I have benefits and any other person who may hold information required to administer the scheme.

Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>





PENSION ADMINISTRATORS

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