

SSAS takeover member details form

The information supplied will be held in the strictest confidence and subject to General Data Protection Regulation.

Failure to provide and complete the full correct information may result in a delay in processing the takeover of the scheme or could result in the application being rejected.

1 Member details

Title:	
Surname:	
Forenames (in full):	
Date of birth:	
Place/Country of birth:	
Nationality:	
Sex:	
Marital status:	
Spouse's/partner's name:	
Spouse's/partner's date of birth:	
Permanent residential address:	
Post code:	
Date moved to this address:	
If you have lived there for less than three years, your previous permanent residential address:	
Home number:	
Mobile number:	
Office number:	
Email address:	
National Insurance number:	
Intended retirement age:	

2 Status

In order to ascertain your membership status, please tick ONE of the following:

- 1. Employed persons.** A person chargeable to tax under Chapter 2 of Part 2 of the Income Tax (Earnings and Pensions) Act 2003 for the tax year concerned in respect of employment income as defined in the Act.
- 2. Pensioners.** A person chargeable to tax under Part 9 of the Income Tax (Earnings and Pensions) Act 2003 for the tax year concerned in respect of a pension.
- 3. Self Employed persons.** A person chargeable to tax under Chapter 2 of Part 2 of the Income Tax (Trading and Other Income) Act 2005 for the tax year concerned in respect of annual profits or gains arising or accruing from any trade, profession or vacation carried out by an individual.
- 4. Children.** A child under 16. (SSAS members must be over the age of 18)
- 5. Any others not falling 1, 2, 3 or 4 above, please select below**

Caring for one or more children aged under 16

Caring for a person aged 16 or over

In full-time education

Unemployed

Retired

Other

If other, please provide details

Employment details If you have ticked either Box 1 or Box 3 on the above, please give the full name and address of your client's employer if employed, or your trading details if they are self employed.

Employer's name:

Type of Trade:

Employer's address:

Post code:

Office number:

Job title/occupation:

Date employment commenced:

Date joined this scheme:

Earnings/profits in current tax year:

3 Your lump sum allowance

I have the following type(s) of former lifetime allowance protection or enhancements, if any apply please provide a copy of the certificate along with this application:

<input type="checkbox"/>	1. Transitional Tax Free Amount Certificate		
<input type="checkbox"/>	2. Enhanced protection	My certificate reference number is	<input type="text"/>
<input type="checkbox"/>	3. Primary protection	Uncrystallised lump sum rights on 5 April 2006	<input type="text"/>
		My certificate reference number is	<input type="text"/>
		Primary protection factor	<input type="text"/>
<input type="checkbox"/>	4. Fixed Protection 2012	My certificate reference number is	<input type="text"/>
<input type="checkbox"/>	5. Fixed Protection 2014	My certificate reference number is	<input type="text"/>
<input type="checkbox"/>	6. Individual protection 2014	My certificate reference number is	<input type="text"/>
<input type="checkbox"/>	7. Fixed Protection 2016	My certificate reference number is	<input type="text"/>
<input type="checkbox"/>	8. Individual Protection 2016	My certificate reference number is	<input type="text"/>
<input type="checkbox"/>	9. Pension credit factor	My certificate reference number is	<input type="text"/>
<input type="checkbox"/>	10. International enhancement	My certificate reference number is	<input type="text"/>

4 Contributions

Do you wish to make contributions? Yes No

Regular contributions	£ <input type="text"/>	Member (net)	£ <input type="text"/>	Member (gross)
Employer contributions	£ <input type="text"/>	Employer (gross)		
This will be paid (Frequency)	<input type="text"/>			
Single contributions	£ <input type="text"/>	Member (net)	£ <input type="text"/>	Member (gross)
Employer contributions	£ <input type="text"/>	Employer (gross)		
Date Money Purchase AA* applicable	<input type="text"/>			

*Money Purchase Annual Allowance (AA) is £10,000. It is applicable if you access any pension arrangement under Flexi-access Drawdown and take an income or you received an uncrystallised funds pension lump sum.

5 Details of transferring schemes

Please detail all contributions and transfers received by the scheme for this member.

Date	Contribution/Transfer?	Source	Amount

Should you need more space please provide on a separate sheet.

6 Benefit crystallisation events

If this member has crystallised any benefits within the pension scheme please provide the following information.

Date benefit taken? _____

PCLS taken? Yes No

% of LTA used? _____

Type of benefit (UFPLS, Capped, Flexi): _____

Max GAD (if applicable): _____

Current income being taken: _____

Last GAD review (if applicable): _____

Next GAD review (if applicable): _____

Date benefit taken? _____

PCLS taken? Yes No

% of LTA used? _____

Type of benefit (UFPLS, Capped, Flexi): _____

Max GAD (if applicable): _____

Current income being taken: _____

Last GAD review (if applicable): _____

Next GAD review (if applicable): _____

Should there be more information, please provide on a separate sheet.

PRIVACY INFORMATION

Talbot and Muir will collect, store and process data relating to the employees who participate in your SSAS. We will use this information to enable us to administer your SSAS. The data we collect is required to enable us to provide the services or otherwise to fulfil our legitimate interests and is processed in accordance with our Privacy Notice. The data will be retained throughout the length of the employee's membership of the SSAS and thereafter for so long as we can lawfully justify holding it. Please refer to our Privacy Notice accessible at <https://www.talbotmuir.co.uk/privacy-notice/> for further details.

DECLARATION

To be completed by the sponsoring employer/trustee. (please tick each box and sign below

- I hereby confirm that I have read and understood the Privacy Notice and that I understand that Talbot and Muir and the corporate trustee will obtain, record, process and hold information and other such personal data as may be required to administer my pension benefits in the SSAS in accordance with General Data Protection Regulation (GDPR)

- I also understand that Talbot and Muir may disclose to a third party such information about members of the SSAS as may be required by that third party to enable them to trace a member's whereabouts in the future should they be unable to do so and require their assistance.

- Where I disclose personal data relating to employees who are going to participate in the SSAS (or other individuals, such as people connected to those employees or employees who are involved in the administration of the SSAS). I am lawfully entitled to disclose this information to you for the purposes of you establishing and operating the SSAS or such other purposes as I provide the information to you for, and I have informed the relevant individuals that I have provided the information to you and provided them with a link to your Privacy Notice (or a copy of it).

Signed:

Name:

Date:

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