



ORGANON  
TRUSTEES

Name of SSAS

Number of Members

Pension Scheme Tax Reference



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This **SSAS Takeover Pack** comprises the following documents:

**PART A** – Scheme Information - Pages 3 to 8

**PART B** - Authority Letter - Page 9

**PART C** - Member Questionnaire - Pages 10 to 12

We cannot proceed with your application until we receive:

- **Part A** Completed and signed on behalf of the Principal Employer (if there is one) and by all Trustees
- **Part B** Letter completed and signed by Principal Employer (or by Trustees if there is no Principal Employer)
- **Part C** Member questionnaire completed and signed by each member of the Scheme

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Once completed, please return this form to  
**Organon Pension Trustees Ltd, 8<sup>th</sup> Floor, Regent House, Heaton Lane, Stockport, SK4 1BS**



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**Section 1: i) Current Professional Trustee**

Company Name	<input type="text"/>
Contact name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

**Section 1: ii) Scheme Administrator**  
(if different)

Company Name	<input type="text"/>
Contact name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>



## Section 2: Principal Employer Details

(if applicable)

Company Name

Contact name

Trading Address

Postcode

Tel

Fax

Email

Registered office *(if different)*

Country of establishment

Employer status

*(State if Limited, Limited by guarantee,  
unlimited, a partnership, or other e.g. self-  
employed)*

Nature of business

Employer year end

Corporation tax district/reference

Partnership tax reference

VAT reference

PAYE tax district and ref

Number of Employees





### Section 3: Participating Employer

(if applicable) Please copy this page for more than one participating employer.

Company Name	<input type="text"/>
Contact name	<input type="text"/>
Trading Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
Registered office <i>(if different)</i>	<input type="text"/>
	<input type="text"/>
Country of establishment	<input type="text"/>
Employer status <i>(State if Limited, Limited by guarantee, unlimited, a partnership, or other e.g. self- employed)</i>	<input type="text"/>
Nature of business	<input type="text"/>
Employer year end	<input type="text"/>
Corporation tax district/reference	<input type="text"/>
	<input type="text"/>
Partnership tax reference	<input type="text"/>
VAT reference	<input type="text"/>
PAYE tax district and ref	<input type="text"/>
Number of Employees	<input type="text"/>



## Section 4: Scheme Details

Summary of current SSAS Investments

	Type	Provider	Current Value	Date of Valuation
1				
2				
3				
4				
5				
6				
7				

Are there any known issues with the SSAS which will require remedial work, e.g. unauthorised payments, outstanding reporting or other HMRC issues?

Yes

☐

No

☐

If 'Yes', please provide details



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#### Section 4: Independent Financial Adviser

Company Name	<input type="text"/>
Contact name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
Regulated by & Authorisation No.	<input type="text"/>

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#### Section 5: Accountant Details

Company Name	<input type="text"/>
Contact name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
Regulated by	<input type="text"/> <input type="text"/> <input type="text"/>



## Section 7: Declaration

We agree to the appointment of Organon Pension Trustees Limited as Professional Trustee and either Scheme Administrator or Practitioner of the SSAS as recorded in the SSAS Trust Documentation.

We agree that the SSAS will be governed in accordance with the Trust Deed executed by the Principal Employer and Trustees.

The information provided on this form is correct to the best of our knowledge.

To be signed by a Director of the Principal Employer and all Trustees.

### For and on behalf of the Principal Employer

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

### For and on behalf of the Trustees

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





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### Authority Letter

To be signed by a Director of the Principal Employer, or if there is no Principal Employer, by all Trustees.

Date: .....

Dear Sirs,

Trustees of the .....

We wish to appoint Organon Pension Trustees Limited as Professional Trustee to the above pension scheme.

Please accept this letter as full authority to release any information or documentation regarding the pension scheme to:

**Organon SIPP Services Limited, 8<sup>th</sup> Floor, Regent House, Heaton Lane, Stockport, SK4 1BS**

Yours faithfully,

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## Section 1: Member Details

To be completed by each currently active member of the SSAS.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
First Name (s)	<input type="text"/>				
Surname	<input type="text"/>				
Date of Birth	<input type="text"/>				
N.I Number	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
Postcode	<input type="text"/>				
Tel	<input type="text"/>				
Email	<input type="text"/>				
Marital Status	<input type="text"/>				
Nationality	<input type="text"/>				

Have you registered for any sort of Protection? If yes, please provide details.

Yes ☐

No ☐

If 'Yes', please provide further details of protection held.

## Section 2: Employment Details

Occupation	<input type="text"/>
Employer	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Are you a Director?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Percentage of company owned	<input type="text"/>



## Section 4: Expression of Wishes

Please complete the section below with details of the beneficiary/ies that you would like to receive a lump sum or other benefits payable under the SSAS in the event of your death. This Expression of Wishes is not legally binding on the Trustees of the SSAS but will assist in distributing death benefits in line with your wishes.

You may amend your nomination at any time. Please contact Organon Pension Trustees Limited if you wish to do so.

Name of Beneficiary	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Relationship	<input type="text"/>
Percentage of benefit	<input type="text"/> %
Name of Beneficiary	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Relationship	<input type="text"/>
Percentage of benefit	<input type="text"/> %
Name of Beneficiary	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Relationship	<input type="text"/>
Percentage of benefit	<input type="text"/> %
Name of Beneficiary	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Relationship	<input type="text"/>
Percentage of benefit	<input type="text"/> %

In addition to my expression of wishes above, I nominate all Eligible Recipients as to whom death benefits may be paid by way of drawdown pension. Eligible recipients in relation to a person are: his or her spouse, grandparents, such grandparents' descendants, such descendants' spouses, his or her Dependents, Nominees, Successors, persons interested in his or her estate and persons or unincorporated associations whom or that he or she has nominated to the trustees in writing.

Signed	<input type="text"/>
Name	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>



## Section 4: Declaration

I declare that:

To the best of my knowledge and belief, the statements included in this application are true and complete.

I undertake to tell Organon SIPP Services Limited/Organon Pension Trustees Limited in writing within 30 days of the following events:

- a) There is a change to my residency status
- b) There is a change in my residential address and/or marital status
- c) I am made bankrupt

I understand that Organon Pension Trustees Limited will act as Professional Trustee and as either Scheme Administrator or Practitioner as recorded in the SSAS Trust documentation.

Neither Organon SIPP Services Limited nor Organon Pension Trustees Limited will provide advice or review advice provided by an appointed adviser or investment manager.

I understand that the responsibility and the checking of all decisions relating to the purchase and retention of Scheme investments lies with me and my appointed adviser(s) and I hereby indemnify Organon SIPP Services Limited and Organon Pension Trustees Limited from any claims in respect of such.

I agree to pay Organon SSAS fees as notified to me for their services.

In the event that an unauthorised payment is made, I agree to the Scheme Administrator deducting the amount of any scheme sanction charge, or other charge, levied by HMRC on the Scheme Administrator from the funds held for me under the Scheme in order to pay that charge to HMRC. If there are insufficient funds held for me under the Scheme, I agree to pay the Scheme Administrator the amount by which the charge exceeds the value of my funds under the Scheme.

I agree to Organon SIPP Services Limited holding information provided by me or by third parties about me in accordance with the Data Protection Act 1988. I understand I am entitled to this information and should I wish to view this, I will need to make my request in writing. There may be a charge for providing this to me and on my sending such payment, I understand I have the right to receive a copy of the information Organon hold about me.

I authorise Organon SIPP Services Limited/Organon Pension Trustees Limited to obtain any information it may require from my employer, any pension provider with which I have benefits, and any other person who may hold information required in order to administer the Scheme.

I authorise Organon SIPP Services Limited/Organon Pension Trustees Limited to obtain any information it may require from my employer, any pension provider with which I have benefits, and any other person who may hold information required in order to administer the Scheme.

Signed	<input type="text"/>
Name	<input type="text"/>
Date	<input type="text" value="/ /"/>