

Name of SSAS

Establishing Company

Number of Members

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

**PART A** – Pages 3 to 8

Principal Employer Details - to be completed on behalf of the company which is to establish the Scheme.

**PART B** - Pages 9 to 12

Member Details- to be completed by each person who is to be invited to join the Scheme.

We cannot proceed with your application until we receive:

- **Part A** completed and signed on behalf of the Principal Employer; and
- **Part B** completed and signed by each member of the Scheme.

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Once completed, please return this form to  
**Organon SIPP Services Limited, 8th Floor, Regent House, Heaton Lane, Stockport, SK4 1BS.**

## Section 1: Principal Employer Details

(Company establishing the Scheme)

Company Name	<input type="text"/>
Companies House Number	<input type="text"/>
Contact name	<input type="text"/>
Trading Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Tel	<input type="text"/>
Mobile	<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"/>
Unique Tax Reference (UTR)	<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"/>
Has the company been dormant in the last 12 months?	<input type="text" value="Y"/> / <input type="text" value="N"/>

## Section 2: Participating Employers

Are any other employers to participate in the SSAS? Yes  No

*If 'yes' please provide details below, otherwise proceed to section 3. For more than one participating employer, provide details on an extra sheet.*

Company Name	<input type="text"/>
Companies House Number	<input type="text"/>
Contact name	<input type="text"/>
Trading Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Tel	<input type="text"/>
Mobile	<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"/>
Unique Tax Reference (UTR)	<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"/>
Has the company been dormant in the last 12 months?	<input type="text" value="Y"/> / <input type="text" value="N"/>

## **PART A**

### *Section 3: Directors*

*Please list all Directors of all the Sponsoring Companies. Where the directors are also applying to be members, only the full name is required. For any directors who are not to be members, full details will be required by HMRC before the Scheme can be approved. Please copy this page if necessary.*

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
N.I Number	<input type="text"/>
UTR	<input type="text"/>
Residential Address	<input type="text"/> <input type="text"/> <input type="text"/>
Tel	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

**Section 4: i) SSAS Funding**

Please confirm intended contributions and/or transfers within the first twelve months.

Member	Contributions expected during first twelve months	Transfers in (approx.)
	£	£
	£	£
	£	£
	£	£

**ii) Intended Investments**

Investment Type e.g Property, Loans, Cash, etc	Intended holding (%)
<b>Total:</b>	<b>100%</b>
<b>Estimated total value of investments at end of year 1</b>	£

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### Section 5: Independent Financial Adviser Details

(if applicable)

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 6: 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"/>

### Section 7: Scheme Contact

Who is to be the main point of contact for the scheme?

Sponsoring Employer

IFA

Other

### Section 8: Company Declaration

On behalf of the Principal Employer we agree to establish the SSAS and enclose with this Application a fully completed Member Questionnaire for each member invited to join.

We request Organon SIPP Services Limited/Organon Pension Trustees Limited to provide the necessary documentation to establish the Scheme and provide the members with details of their membership on our behalf. We agree that Organon are entitled to charge for this and any other work associated with the establishment of the scheme.

We agree to Organon SIPP Services Limited/Organon Pension Trustees Limited opening a Trustee Bank account to which all payments into the SSAS will be made.

We understand that once a contribution has been made to the Scheme, it cannot be returned without incurring a tax penalty.

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 Two Directors or a Director & Company Secretary of the Principal Employer.

Signature

Print Name

Capacity/Position

Date  /  /

Signature

Print Name

Capacity/Position

Date  /  /

### Section 1: Member Details

Copy and complete each member invited to join 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"/>									
Maiden Name (if applicable)	<input type="text"/>									
Date of Birth	<input type="text"/>									
N.I Number	<input type="text"/>									
UTR	<input type="text"/>									
Address	<input type="text"/>									
	<input type="text"/>									
Postcode	<input type="text"/>									
Time at this address	<input type="text"/>									
	If you've lived less than three years at this address, please provide details of previous address during this time									
Address	<input type="text"/>									
	<input type="text"/>									
Postcode	<input type="text"/>									
Tel	<input type="text"/>									
Mobile	<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

Employer

Address

Postcode

Are you a Director? Yes  No

Percentage of company owned

### Section 3: Transfers

Complete this section only if you would like to transfer benefits from another arrangement, or arrangements, into the SSAS. For more than one transfer source please copy this page. If possible, please provide your signed provider discharge form in respect of each policy/arrangement you wish to transfer.

Name of transferring scheme	<input type="text"/>
Scheme Administrator	<input type="text"/>
Policy Number	<input type="text"/>
PSTR (if appropriate)	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Contact name	<input type="text"/>
Plan type	<input type="text"/>

*E.g. Personal Pension/Occupational money purchase (Defined Contribution), Occupational Final Salary (Defined Benefit)*

Are any assets to be reregistered in-specie?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the transfer value subject to a pension Sharing order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have any benefits come into payment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approximate transfer value	£ <input type="text"/>
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If yes, what percentage of the life-time allowance has been used up?  %

I hereby authorise Organon SIPP Services Limited to act on my behalf in transferring the above pension policy to my SSAS administered by Organon Pension Trustees Limited.

I indemnify the Transferring Scheme against any relevant claim costs, damages and other losses incurred resulting from the payment and accept that payment of the transfer will be a full discharge of their liability under the above policy.

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

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" value=""/> / /

## Section 5: Declaration

I declare that:

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

I apply to Organon SIPP Services Limited to become a member of the SSAS named and agree to be bound by the Trust Deed and Rules of the Scheme.

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 General Data Protection Regulation. I acknowledge receipt of the Privacy Notice accompanying this application.

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.

By signing this Member Questionnaire I agree to become a member and a Trustee of the scheme named on page 1.

Signed

Name

Date

## PRIVACY NOTICE

This Notice is issued in accordance with the General Data Protection Regulation 2018 (“GDPR”).

You have received this notice because you are applying to be a member of a pension scheme for which Organon Pension Trustees Limited are the professional or scheme trustee and Organon SIPP Services Limited provide administration services (referred to jointly as “Organon Trustees”).

Our contact details are: Organon Trustees, 8th Floor, Regent House, Heaton Lane, Stockport SK4 1BS  
Tel: 0161 480 5157 www.organontrustees.co.uk

As trustees of your pension scheme, we are registered with the Information Commissioner’s Office under reference Z1893318 in accordance with the requirements of GDPR and act as both Data Controller and Data Processors. Our designated Data Protection Approved Person is Marc Gwynne, who can be contacted at the above address or by e-mail at marc@organontrustees.co.uk.

The purpose of processing your personal data, which was originally collected by means of having you complete our paper application form(s), is to enable Organon Trustees to manage all aspects of your pension in full compliance with the relevant pensions legislation from time to time and to comply where appropriate with the requirements of Her Majesty’s Revenue and Customs and the Financial Conduct Authority. Provision of the requested data is a contractual requirement and whilst you have the right to request the deletion of the data relating to you (see below), this may affect our ability to continue acting as trustees and administrators of your pension benefits.

We undertake to have appropriate processes and procedures in place to safeguard personal data against loss, damage, destruction, theft or unauthorised access, use or disclosure. Where data is used in electronic format it will always be transmitted by secure electronic means.

Your personal data will never be passed to third parties without your explicit consent, except where Organon Trustees use computer software or the services of third party IT support providers to manage clients’ personal data, or where it is required by statutory regulatory bodies, such as H M Revenue & Customs, the Financial Conduct Authority, the Pensions Regulator, or the Financial Ombudsman Service. Third parties to whom we may pass personal data, though only with your explicit consent, include financial advisers, accountants, solicitors and other appointed professional advisers, investment providers and banks, as well as regulatory and statutory authorities.

Your personal data will be stored by us for a minimum period of six years after you cease to be a member of a pension scheme managed by Organon Trustees, but we may retain it for such longer period as may be necessary to ensure that your pension benefits comply with regulatory requirements.

In exceptional circumstances we may become aware of circumstances which constitute Special Category Data, which we may process as being in the substantial public interest under Schedule 1, Part 2 of GDPR, specifically to safeguard economic wellbeing. This means aiming to support an “individual at economic risk”, that is an individual who is less able to protect his or her economic wellbeing by reason of physical or mental injury, illness or disability. This means that in some circumstances we can collect data on that individual without their consent.

### Your rights

Under GDPR you have the following rights:

- The right to rectification (of incorrect or incomplete data);
- The right to be forgotten (to have personal data deleted);
- The right to data portability (to receive personal data in a structured, commonly-used and machine-readable format);
- The right of subject access (see below).

### Data Subject Access Request (DSAR)

You have the right to submit to us a DSAR concerning the personal data we hold, free of charge. Under GDPR we have one month to respond with details of:

- The purpose of the processing;
- The categories of personal data concerned;
- Third parties to whom it has been or will be disclosed;
- The data retention period or the criteria used to determine it;
- The right to rectification or erasure of the data or to restrict or object to processing it;
- The right to lodge a complaint with the Information Commissioner’s Office;
- Information as to the data’s source (if it was not provided by you).