

**SSAS Set up questionnaire**Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: [info@pensionpractitioner.com](mailto:info@pensionpractitioner.com)

Name of Scheme

Name of Company/  
Employer creating the SchemeServing Address for  
Pension Correspondence

Telephone Number

Contact Name

Email Address

**Accountant Details**

Name of the Company

Contact Name

Telephone Number

Email Address

Address

**Financial Advisor Details**

Name of the Company

Contact Name

Telephone Number

Email Address

Address

**2 SSAS Set up questionnaire**Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: [info@pensionpractitioner.com](mailto:info@pensionpractitioner.com)**Trustees****Trustee 1** Title (Mr, Miss, Mrs)

Forename(s)

Surname

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member?

☐ Yes ☐ No**Trustee 2** Title (Mr, Miss, Mrs)

Forename(s)

Surname

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member?

☐ Yes ☐ No

Please return this form to:  
[info@pensionpractitioner.com](mailto:info@pensionpractitioner.com)

Alternatively, post this form to:  
Pension Practitioner .Com  
Daws House  
33-35 Daws Lane  
London NW7 4SD

Signed

Date