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## **Establishing Factfind**

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Small Self-Administered Scheme

July 2022

[www.GDCV.com](http://www.GDCV.com)

## Section One

### Company Details

Company Name:	_____	Scheme Name:	_____
Company Number:	_____	Accounting Period/Year End:	_____
Registered Office Address: (including postcode)	_____ _____ _____	*Date of Incorporation:	_____
		Proof of Trading enclosed	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Nature of Business:	_____
Correspondence Address: (including postcode)	_____ _____ _____	Has the business been dormant in the last 12 months:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Number of Employees:	_____
Resident Since:	_____	PAYE Reference:	_____
Primary Contact Name:	_____	If not registered for PAYE, please tick here	<input type="checkbox"/>
Primary Contact Telephone:	_____	VAT Registration Number:	_____
Primary Contact Email:	_____	If not registered for VAT, please tick here	<input type="checkbox"/>
Unique Taxpayer Reference:	_____	Please provide Accountants details:	
Is the Company treated as a trading company for tax purposes:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Company:	_____
		Contact Name:	_____
Is the Company resident overseas for UK tax purposes:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact Email:	_____
		Contact Telephone:	_____

\* If the company was incorporated less than 12 months ago, please provide proof of trading such as bank statements, invoices, contracts/ agreements entered into, etc

## Section Two

### Member Details

First Name(s): _____ Surname: _____	Director: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: _____ _____ _____	Title: _____
Postcode: _____	Pronoun: _____
Resident since: _____	Marital Status: _____
Email: _____	Date of Birth: _____
Telephone: _____	National Insurance Number: _____
	Personal Unique Tax Reference Number: _____

First Name(s): _____ Surname: _____	Director: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: _____ _____ _____	Title: _____
Postcode: _____	Pronoun: _____
Resident since: _____	Marital Status: _____
Email: _____	Date of Birth: _____
Telephone: _____	National Insurance Number: _____
	Personal Unique Tax Reference Number: _____

First Name(s): _____ Surname: _____	Director: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: _____ _____ _____	Title: _____
Postcode: _____	Pronoun: _____
Resident since: _____	Marital Status: _____
Email: _____	Date of Birth: _____
Telephone: _____	National Insurance Number: _____
	Personal Unique Tax Reference Number: _____

First Name(s): _____ Surname: _____	Director: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: _____ _____ _____	Title: _____
Postcode: _____	Pronoun: _____
Resident since: _____	Marital Status: _____
Email: _____	Date of Birth: _____
Telephone: _____	National Insurance Number: _____
	Personal Unique Tax Reference Number: _____

### Section Three

#### Investments and Contributions

Please give details of all proposed investments:

Investment (e.g property)	Expected Return %

Please give details of all proposed contributions:

Total Initial Contribution: \_\_\_\_\_

Source: \_\_\_\_\_

Regular Contributions: \_\_\_\_\_

Source: \_\_\_\_\_

State Frequency: \_\_\_\_\_  
(e.g monthly/annually)

#### Transfers

Please give details of any existing pensions that you wish to transfer into the SSAS

Member Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Scheme Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Estimated Transfer Value: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Providers Contact : \_\_\_\_\_

Member Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Scheme Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Estimated Transfer Value: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Providers Contact: \_\_\_\_\_

Member Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Scheme Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Estimated Transfer Value: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Providers Contact: \_\_\_\_\_

### Employer Declaration

I hereby confirm that it is our intention to offer membership to the aforementioned employee(s) and to pay initial contributions to the Scheme

I hereby consent to \_\_\_\_\_ obtaining from the Administrators/Trustees/Practitioner of any pension scheme of the Company any information they require in order to establish and administer the \_\_\_\_\_ (Scheme Name)

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director)

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director/Secretary)

### Member/Trustee Declaration

- ☐ I agree to pay the initial fee of £1995 to GDCV for establishing a Small Self-Administered Scheme
- ☐ To the best of my knowledge and belief, the details I have provided on this form are correct and complete
- ☐ I consent to the lawful use of my personal information by those individuals, companies and other relevant parties, for the sole purpose of the administration and management of the Scheme
- ☐ I wish to accept my invitation to join the aforementioned Scheme
- ☐ I wish to be appointed as a Trustee of the Scheme and agree to be bound by the rules of the Scheme, as defined in the current governing Trust Deed and Scheme Rules
- ☐ I understand that as a Trustee of the Scheme I may, through the course of my duties, handle other parties' personal information and I agree to do so lawfully
- ☐ I have not been removed or forbidden from acting as a Trustee by either; The Pensions Regulator or a Court of Law
- ☐ I have not been disqualified from being a Company Director
- ☐ I do not have any convictions for dishonesty or deception
- ☐ I am not an undischarged bankrupt
- ☐ I have the ability to contract
- ☐ I undertake to inform you in writing immediately if:
  - I change my permanent residential address; or
  - I change my residency status; or
  - I am made bankrupt
- ☐ I consent to \_\_\_\_\_ obtaining from the Administrators/Trustees/Practitioner of any Pension Scheme of the Company any information they require in order to establish and administer the \_\_\_\_\_ (Scheme Name)
- ☐ I have been presented with the 'Retirement Capital' SSAS Fee Schedule and agree to the contents
- ☐ Photographic Identification for all members are enclosed
- ☐ Proof of residential address (Utility bill or Bank statement) for all members are enclosed

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Member One)

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Member Two)

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Member Three)

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Member Four)

### Expression of Wish

I understand that due to the nature of the Scheme and upon my death, any residual benefits held within the Scheme that are attributable to me, will be distributed to my beneficiaries at the sole discretion of the remaining trustees of the Scheme and as such, the Expression of Wish that I provide cannot be a legally binding document, but will be taken into consideration.

In the event of my death, I wish for the trustees to distribute my remaining fund to the following individuals, Charities or Trusts.

### Beneficiary Details

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to me: \_\_\_\_\_ Percentage: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to me: \_\_\_\_\_ Percentage: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to me: \_\_\_\_\_ Percentage: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to me: \_\_\_\_\_ Percentage: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_