

2 SSAS Set up questionnaire

Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com

Trustees

Trustee 1 Title (Mr, Miss, Mrs) **MR.** Forename(s) **PAUL.**
Surname **STIRLAND** Date of Birth **6.2.58.**
Proposed Retirement Date National Insurance Number **Y2 764991 B**
Home Address **7 FIELD CL.**
WATON.
LINCOLN.
LN2. 3TT.
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

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

Signed **PS** **P Stirland**
Date **27.1.16.**