Declaration

To: the trustees and scheme administrator of the Scheme named.

I am aware of the current limits and allowances regarding tax relief.

I declare that:

a) The total contributions that have been or will be paid to any registered pension scheme in respect of which I am entitled to tax relief under section 188 of the Finance Act 2004 will not exceed the higher of the following:

- The basic amount (£3,600); or
- My "relevant UK earnings" for the tax year in question, within the meaning of section 189 of the Finance Act 2004.

b) The declaration & information I have given in this application is, to the best of my knowledge and belief, correct and not misleading.

c) I will give notice to Pension Practitioner in writing by the end of the tax year (5th April) or within 30 days (whichever is later) if there is a change in:

- my residency status
- other personal information, such as a change of name or permanent residential address
- status affecting qualification for tax relief

Members Name: LEE DUNNING

Signature: 

Date: 27/3/2018

Standing Order Set Up (Please copy this page for any additional Standing Orders)

Your account details

Account Name

Sort Code

Account Number

Payment details

Amount of usual payment

Frequency of payment

Date of first payment

Date of last payment (please specify if no end date)

If the bank receives your form after the first payment date selected above, please tick the following box if you are happy for the bank to make an immediate payment on your behalf to satisfy your first Standing Order payment. ☐

Date of usual payment (if different to first payment)

Amount of first payment (if different to usual amount)

Beneficiary details (Pension Practitioner to complete)

Sort Code

Account Number

Beneficiary Name

Reference (maximum of 18 characters)

Declaration

For and on behalf of

Authorised Signatory*

Authorised Signatory*

Name

Name

Date

Date

*If signing on behalf of a company account this must be in accordance with the Appointment of Bankers /mandate. Otherwise, company applications need to be signed by 2 directors, a director and a company secretary, or the director in the case of a company with a sole director, LLP applications by 2 members, partnership applications by all partners, and sole trader for applications by the sole trader.

Where more than one Standing Order form is required, please copy this page and attach to the SSAS application form.

Third Party Contributions

Complete this section if your contribution is to be paid by a third party, other than your employer.

Full Name

Contact Name

Address

Email Address

Telephone No(s).

Contribution Amount (Gross):-

Contribution Type:- Single ☐ Regular ☐

Frequency of regular contributions:- N/A ☐ Monthly ☐ Quarterly ☐ Annually ☐

Start date of regular contributions:- N/A ☐

Signatory Name

Signature of contributor

Date

N A

Identification Requirements

If the Third Party is an individual we will complete an online identity check. Where it is a company please complete the below.

Company Registration No.

Please provide a copy of the Certificate of Incorporation, copy of most recent filed audited accounts and details of current company officers (i.e. details of current directors and company secretary) and shareholders.

Employer Contributions

This section should be completed where your employer will be making contributions to your scheme.

Company Name

Contact Name

Company Address

Email Address

Telephone No(s).

Contribution Amount (Gross):-

Contribution Type:- Single ☐ Regular ☐

Frequency of regular contributions:- N/A ☐ Monthly ☐ Quarterly ☐ Annually ☐

Start date of regular contributions:- N/A ☐

Signatory Name

Position in Firm

Signature of employer

Date

NA

Eligibility

Occupation	ENGINEER
Approximate Annual Earnings (£)	75,000

Please confirm **ONE** of the list below:

EMPLOYED (chargeable to income tax under Chapter 2 of Part 2 on the Income Tax (Earnings and Pensions Act) 2003).	☑
PENSIONER (chargeable to income tax under Part 9 of the Income Tax (Earnings and Pension) Act 2003).	☐
SELF-EMPLOYED (chargeable to tax under Chapter 2 of Part 2 of the Income Tax (Trading and Other Income) Act 2005).	☐
CHILD (under the age of 16).	☐
OTHER (any individual not falling into one of the categories above). **(please also complete below)**	☐

If you have selected 'other' from the above list, please confirm (tick one) which of the below statements best applies to you at the relevant date:

Caring for one or more children under age 16	☐
Caring for a person aged 16 or over	☐
In full time education	☐
Unemployed	☐
Other	☐

Personal Contributions

Complete this section if you are making a contribution to your scheme, or it is being made by a third party other than your employer. Personal and third party contributions should be paid to your SSAS gross. If you are eligible, you can obtain tax relief as part of your self-assessment tax return.

Contribution Amount (Gross):- 12 000

Contribution Type:- Single ☑ Regular ☐

Frequency of regular contributions:- N/A ☐ Monthly ☐ Quarterly ☐ Annually ☐

Start date of regular contributions:- N/A ☐

Member details

Full Name	LEE NICHOLAS DUNNING
Date of Birth	22-10-67
National Insurance Number	NP 44 33 18 A
Home Address	OAKLAND HOUSE, OAKLAND TERR
	TY-COCH LANE, CWMBRAN, NP44 7AJ
Scheme Name	NEPHESH SSAS

Protection

Do you have any form of HMRC Protection? ~~Yes~~ / No

If you have any form of Protection, any contributions you make to this scheme may result in the loss of your Protection. Please seek Financial Advice if you require any further information.

Please provide a copy of the HMRC Protection Certificate if applicable.

Pension Input Periods

The pension input period (PIP) is the period over which your contributions are tested against the Annual Allowance. We will automatically align your PIP with the tax year unless you instruct us otherwise.
If you wish to nominate a different date for your PIP please confirm here:- 16 | 17

Source of Funds

Please confirm (tick one) how the contribution is to be funded

From earnings	✓	Savings	
Divorce settlement		Inheritance	
Winnings		Capital Gain	
Gift		Other (please specify below)	

Small Self-Administered Scheme

Contribution Form

Before you start

The Contribution Form must be completed if you, your employer, or any other party want to make a single or regular contribution to your pension scheme.

Please ensure you complete all relevant sections.

This form is also required if you wish to make amendments to your existing regular contributions.

If you are unsure about your options then we recommend that you speak to a Financial Adviser.

Your completed form should be returned to:

Pension Practitioner, 48 Chorley New Road, Bolton, BL1 4AP