

SSAS Takeover questionnaire

Telephone: 0800 634 4562 Fax: 020 8711 2522 Email: info@pensionpractitioner.com

Name of Scheme	PINNACLE PENSION SCHEME
Name of Company/ Employer creating the Scheme	PINNACLE CONTRACTS 2012 LTD
Serving Address for Pension Correspondence	20TH FLOOR, TOLWORTH TOWER, EWELL ROAD, SURBITON, SURREY KT6 7EL
Telephone Number	020 8390 6354
Contact Name	JOHN SMITHURST
Email Address	john@smithurstryan.co.uk

HMRC and The Pensions Regulator

HMRC Pension Scheme Tax Reference (PSTR)	00786996RL
Government Gateway User ID	
Password	
The Pensions Regulator Scheme Reference (PSR)	
Scheme Key	

Accountant Details

Name of the Company	SMITHURST & RYAN LTD
Contact Name	JOHN SMITHURST
Telephone Number	020 8390 6354
Email Address	john@smithurstryan.co.uk
Address	20TH FLOOR, TOLWORTH TOWER, EWELL ROAD, SURBITON, SURREY KT6 7EL

2 SSAS Takeover questionnaire

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

Financial Advisor Details

Name of the Company

Contact Name

Telephone Number

Email Address

Address

N/A

Current Administrator / Professional Trustee Details (Outgoing Trustee)

Name of the Company

ORIGINALLY T12 ADMINISTRATION LTD

Contact Name

Telephone Number

Email Address

Address

Continuing Trustees

Trustee 1 Title (Mr, Miss, Mrs) MR

Forename(s) JONATHAN

Surname MOSS

Date of Birth 16/02/74

Proposed Retirement Date

National Insurance Number JAZ466030

Home Address 100 RIVERVIEW ROAD

EPSOM

SURREY

KT19 0SP

Is this Trustee also a Member?

☒ Yes ☐ No

3 SSAS Takeover questionnaire

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

Trustee 2 Title (Mr, Miss, Mrs) MR Forename(s) ANDREW
Surname BOURNE Date of Birth 9.4.79
Proposed Retirement Date _____ National Insurance Number JN825786C
Home Address CHARLTON VILLA
83 CHARLTON LANE
CHELTENHAM, GLOS
GL53 9EE
Is this Trustee also a Member? ☒ Yes ☐ No

Trustee 3 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 4 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

4 SSAS Takeover questionnaire

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

Trustee 5 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 6 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

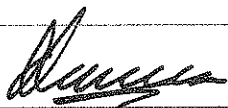
When returning this form we require the following:

- A copy of the original Trust Deed and Rules and all subsequent amendment Deeds.
- Most recent scheme accounts

 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



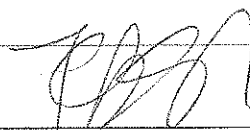
Name

ANDREW BOURNE

Date

12/06/2014

Signed



Name

JONATHAN MOSS

Date

12/06/2014