

SSAS Set up questionnaire

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

Name of Scheme YDL SSAS
Name of Company/
Employer creating the Scheme YATES DRYWALL LIMITED
Serving Address for
Pension Correspondence PENTECOSTAL CHURCH
WOMBWELL
BARNSLEY
S73 8HY
Telephone Number 01226 752130
Contact Name
Email Address INFO@YATESDRYWALL.CO.UK

Accountant Details

Name of the Company

Contact Name

Telephone Number

Email Address

Address

Financial Advisor Details

Name of the Company TAG WEALTH MANAGEMENT

Contact Name DAVID THOMPSON

Telephone Number 0114 263 0888

Email Address INFO@TAG.UK.COM

Address RIVERDALE, 89 GRAHAM ROAD
SHEFFIELD
S10 3GP

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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)	ADAM JOHN
Surname	YATES	Date of Birth	21/05/1982
Proposed Retirement Date		National Insurance Number	JS-71-79-11-D
Home Address	57 RED KITE AVENUE ROTHERHAM S63 7FF		
Is this Trustee also a Member? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Trustee 2 Title (Mr, Miss, Mrs)	MRS	Forename(s)	HELEN
Surname	YATES	Date of Birth	13/10/1977
Proposed Retirement Date		National Insurance Number	JS-78-26-05-B
Home Address	57 RED KITE AVENUE ROTHERHAM S63 7FF		
Is this Trustee also a Member? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Trustee 3 Title (Mr, Miss, Mrs)	MR	Forename(s)	WAYNE
Surname	CROSSLAND	Date of Birth	18/04/1976
Proposed Retirement Date		National Insurance Number	JE-63-57-46-C
Home Address	3 PARK VIEW SHAFTON BARNESLEY S72 8PY		
Is this Trustee also a Member? <input type="checkbox"/> Yes <input type="checkbox"/> No			

3 SSAS Set up questionnaire

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

Trustee 4 Title (Mr, Miss, Mrs)	Forename(s)
Surname	Date of Birth
Proposed Retirement Date	National Insurance Number
Home Address	
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Is this Trustee also a Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Trustee 5 Title (Mr, Miss, Mrs)	Forename(s)
Surname	Date of Birth
Proposed Retirement Date	National Insurance Number
Home Address	
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Is this Trustee also a Member? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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Date