

## SSAS Takeover questionnaire

Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: [info@pensionpractitioner.com](mailto:info@pensionpractitioner.com)

Name of Scheme

Name of Company/  
Employer creating the Scheme

Serving Address for  
Pension Correspondence

Telephone Number

Contact Name

Email Address

## HMRC and The Pensions Regulator

HMRC Pension Scheme  
Tax Reference (PSTR)

Government Gateway User ID

Password

The Pensions Regulator  
Scheme Reference (PSR)

Scheme Key

## Accountant Details

Name of the Company

Contact Name

Telephone Number

Email Address

Address

**2 SSAS Takeover questionnaire**Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: [info@pensionpractitioner.com](mailto:info@pensionpractitioner.com)**Financial Advisor Details**Name of the Company  

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Contact Name  

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Telephone Number  

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Email Address  

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Address  

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**Current Administrator / Professional Trustee Details (outgoing trustee)**Name of the Company  

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Contact Name  

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Telephone Number  

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Email Address  

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Address  

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**Continuing Trustees****Trustee 1** Title (Mr, Miss, Mrs)  

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Forename(s)  

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Surname  

---

Date of Birth  

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Proposed Retirement Date  

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National Insurance Number  

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Home Address  

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Is this Trustee also a Member?

☐ Yes ☐ No

**3 SSAS Takeover questionnaire**Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: [info@pensionpractitioner.com](mailto:info@pensionpractitioner.com)**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**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

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**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](mailto:info@pensionpractitioner.com)

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

Signed

Signed

Name

Name

Date

Date