

## New SSAS - Principal Employer Form

Scheme Name:	THE FIREWATER SCHEME
Principal Employer Name:	WICKENBURG LTD
Registration Number:	SC405955
VAT Number:	132507738
PAYE Ref:	120/LA69896
Corporation Tax Ref:	5808014611
Registered Address:	341 SAUCHIEHALL STREET GLASGOW G2 3HW
Trading Address:	341 SAUCHIEHALL STREET GLASGOW G2 3HW
Nature of the Business:	BAR / CLUB
Number of Employees:	50
Contact Name / Position:	LISA MACDONALD GENERAL MANAGER
Contact Telephone / Email:	

Please provide the details of ALL Directors/Partners of the Principal Employer below  
(this information is required by HMRC when submitting the Scheme's application for registration):

1 <sup>st</sup> Director/Partner Name:	PATRICK JOSEPH HYNES
Date of Birth:	24/08/1961
NI Number:	WM210204B
Unique Tax Reference (UTR):	7363664955
Residential Address:	4/1 175 FINNESTON STREET GLASGOW G3 8HD
Telephone / Email:	07947592080 pathynes7@hotmail.co.uk

## New SSAS - Principal Employer Form

2 <sup>nd</sup> Director/Partner Name:	PATRICK NATHAN HYNES
Date of Birth:	08/10/1992
NI Number:	JX010502C
Unique Tax Reference (UTR):	2132845882
Residential Address:	2/1 33 DALINTOBER STREET
	GLASGOW
	G5 8J2
Telephone / Email:	07765 288127 pn.hynes1@gmail.com

3 <sup>rd</sup> Director/Partner Name:	
Date of Birth:	
NI Number:	
Unique Tax Reference (UTR):	
Residential Address:	
Telephone / Email:	

4 <sup>th</sup> Director/Partner Name:	
Date of Birth:	
NI Number:	
Unique Tax Reference (UTR):	
Residential Address:	
Telephone / Email:	

\*Please copy this page where there are more than 4 Company Directors or Partners\*

## New SSAS – Principal Employer Form

If you wish to formally adhere additional Participating Sponsoring Employers to the Scheme, then please enter their details below  
(this information is required by HMRC when submitting the Scheme's application for registration):

Participating Employer Name:	
Registration Number:	
VAT Number:	
PAYE Ref:	
Corporation Tax Ref:	
Registered Address:	
Trading Address:	
Nature of the Business:	
Number of Employees:	
Contact Name / Position:	
Contact Telephone / Email:	

Please provide the details of ALL Directors/Partners of the Participating Employer below  
(this information is required by HMRC when submitting the Scheme's application for registration):

1 <sup>st</sup> Director/Partner Name:	
Date of Birth:	
NI Number:	
Unique Tax Reference (UTR):	
Residential Address:	
Telephone / Email:	

## New SSAS – Principal Employer Form

<b>2<sup>nd</sup> Director/Partner Name:</b>	
<b>Date of Birth:</b>	
<b>NI Number:</b>	
<b>Unique Tax Reference (UTR):</b>	
<b>Residential Address:</b>	
<b>Telephone / Email:</b>	

<b>3<sup>rd</sup> Director/Partner Name:</b>	
<b>Date of Birth:</b>	
<b>NI Number:</b>	
<b>Unique Tax Reference (UTR):</b>	
<b>Residential Address:</b>	
<b>Telephone / Email:</b>	

<b>4<sup>th</sup> Director/Partner Name:</b>	
<b>Date of Birth:</b>	
<b>NI Number:</b>	
<b>Unique Tax Reference (UTR):</b>	
<b>Residential Address:</b>	
<b>Telephone / Email:</b>	

\*Please copy this and the previous page where there are more than 1 Participating Sponsoring Employers, or more than 4 Directors or Partners of the Participating Sponsoring Employer\*

# Principal Employer Form

Please indicate how will the SSAS be funded over the next 12 months?

Intended Contributions:	
Expected Pension Transfers:	
Approximate SSAS Value 12 months from now:	

How will the SSAS' funds be invested?

Will the SSAS be investing in Commercial Property or Land?	
If yes, then please provide a brief summary:	

Will the SSAS be making any Loans?	
If yes, then please provide a brief summary:	

Will the SSAS be investing in Listed Securities?	
If yes, then please provide a brief summary:	

Other than Cash Deposits, will the SSAS be investing in anything else (e.g. Gold)?	
If yes, then please provide a brief summary:	

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## SSAS - Member Trustee

Scheme Name:	THE FIREWATER SCHEME (the "Scheme")
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Member / Trustee Name:	PATRICK NATHAN HYMES
Date of Birth:	08/10/1992
NI Number:	
Unique Tax Reference (UTR):	2132845882
Residential Address:	2133 DALINTOBER STREET GLASGOW G5 8JZ JX010502C
Telephone / Email:	07765 288127 pnhyms1@gmail.com

For Members, please provide details below of any existing pensions that you wish to transfer into the SSAS.  
(It would speed the process up if you contact your provider personally to obtain a copy of any necessary Transfer Discharge Forms)

1.

Plan Number:	
Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value

## SSAS - Member Trustee

2.

Plan Number:	
Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value

3.

Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value

## SSAS - Member Trustee

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Plan Number:	
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Please provide a breakdown below of any assets to transfer in-specie.

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Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value

## SSAS – Member Trustee

### Expression of Wish

I understand that due to the nature of the Scheme and upon my death, any residual benefits held within the Scheme that are attributable to me, will be distributed to my beneficiaries at the sole discretion of the remaining trustees of the Scheme and as such, the Expression of Wish that I provide cannot be a legally binding document, but will be taken into consideration.

In the event of my death, I **wish** for the Trustees to distribute my remaining fund to the following Individuals, Charities or Trusts.

Name:	
Relationship to Me:	
Address:	
Percentage:	

Name:	
Relationship to Me:	
Address:	
Percentage:	

Name:	
Relationship to Me:	
Address:	
Percentage:	

\*To nominate more than 3 beneficiaries, please copy this page\*

# SSAS - Member Trustee

## Declaration

	Yes / No
<b>I declare that:</b>	
To the best of my knowledge and belief, the details I have provided on this form are correct and complete.	YES
I consent to the lawful use of my personal information by those individuals, companies and other relevant parties, for the sole purpose of the administration and management of the Scheme.	YES
I wish to accept my invitation to join the Scheme.	YES
I wish to be appointed as a Trustee of the Scheme and agree to be bound by the rules of the Scheme, as defined in the current governing Trust Deed and Scheme Rules.	
I understand that as a Trustee of the Scheme I may, through the course of my duties, handle other parties' personal information and I agree to do so lawfully.	YES
I have not been removed or forbidden from acting as a Trustee by either; The Pensions Regulator or a Court of Law.	YES
I am <b>not</b> an undischarged bankrupt. (please answer Yes, if not)	YES
I have the ability to contract.	YES
I undertake to inform you in writing immediately if: <ul style="list-style-type: none"> <li>- I change my permanent residential address; or</li> <li>- I change my residency status; or</li> <li>- I am made bankrupt</li> </ul>	YES

Member's / Trustee's Signature:	
Date:	

# SSAS - Member Trustee

Scheme Name:	THE FIREWATER SCHEME	(the "Scheme")
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Member / Trustee Name:	PATRICK JOSEPH HYNES
Date of Birth:	24/08/1961
NI Number:	NM210204B
Unique Tax Reference (UTR):	7363664955
Residential Address:	4/1 175 FINNESTON STREET GLASGOW G3 8HD
Telephone / Email:	07947592080 pathynest@hotmail.co.uk

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{It would speed the process up if you contact your provider personally to obtain a copy of any necessary  
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I consent to the lawful use of my personal information by those individuals, companies and other relevant parties, for the sole purpose of the administration and management of the Scheme.	YES
I wish to accept my invitation to join the Scheme.	YES
I wish to be appointed as a Trustee of the Scheme and agree to be bound by the rules of the Scheme, as defined in the current governing Trust Deed and Scheme Rules.	
I understand that as a Trustee of the Scheme I may, through the course of my duties, handle other parties' personal information and I agree to do so lawfully.	YES
I have not been removed or forbidden from acting as a Trustee by either; The Pensions Regulator or a Court of Law.	YES
I am <b>not</b> an undischarged bankrupt. (please answer Yes, if not)	YES
I have the ability to contract.	YES
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Member's / Trustee's Signature:	
Date:	

## SSAS - Member Trustee

Scheme Name:	THE FIREWATER SCHEME (the "Scheme")
--------------	-------------------------------------

Member / Trustee Name:	USA YOUNG MACDONALD
Date of Birth:	08/06/1983
NI Number:	JM747876A
Unique Tax Reference (UTR):	1724254510
Residential Address:	15d PARKHILL DRIVE
	RUTHERGLEN
	GLASGOW
	G73 2PL
Telephone / Email:	07841160262 usaymardonald@outlook.com

For Members, please provide details below of any existing pensions that you wish to transfer into the SSAS.  
 (It would speed the process up if you contact your provider personally to obtain a copy of any necessary  
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Percentage:	

Name:	
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Address:	
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\*To nominate more than 3 beneficiaries, please copy this page\*

## Declaration

I declare that:	Yes / No
To the best of my knowledge and belief, the details I have provided on this form are correct and complete.	YES
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I wish to be appointed as a Trustee of the Scheme and agree to be bound by the rules of the Scheme, as defined in the current governing Trust Deed and Scheme Rules.	
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I undertake to inform you in writing immediately if: <ul style="list-style-type: none"><li>- I change my permanent residential address; or</li><li>- I change my residency status; or</li><li>- I am made bankrupt</li></ul>	YES

Member's / Trustee's Signature:	
Date:	