Trust Deed and Rules

relating to Scheme Name

This TRUST DEED is made on: **DATE SIGNED**

BETWEEN:

- 1. **Company Name** whose registration number is XXXXXXXX and whose registered office is situated at *Company Address* (the "**Employer**"); and
- 2. Trustee's Name of Trustee's Address (the "Trustee(s)").

INTRODUCTION:

- a) The Employer wishes to establish the **Scheme Name** ("**Small Self Administered Scheme**", the "**SSAS**").
- b) The Employer intends to apply to HM Revenue & Customs for the SSAS to be registered as a registered pension scheme for the purposes of Part 4 of the Finance Act 2004.

OPERATIVE PROVISIONS:

- The Employer hereby establishes the SSAS with effect on and from the date of this deed and appoints the Trustees as the first trustees of the SSAS. The SSAS is governed by the rules scheduled to this deed.
- 2. The Trustees have agreed to be trustees of the SSAS.
- 3. The Employer is the first principal employer of the SSAS
- 4. The SSAS is (and will continue to be) a money purchase scheme, within the meaning of section 181(1) of the Pension Schemes Act 1993.
- 5. No person has any right to enforce any provision of this deed and the rules attached to this deed by virtue only of the Contracts (Rights of Third Parties) Act 1999.
- 6. This deed and the rules attached to this deed are governed by and interpreted according to the laws of England and Wales. The parties to this deed submit to the exclusive jurisdiction of the courts of England and Wales.

Executed as a deed and delivered on the date shown at the beginning of this deed.

EXECUTED as a Deed by Company N acting by:	vame
Company Director Name Director	
Signature:	- COMPANY'S DIRECTOR TO SIGN
Witnessed in the presence of:	
Signature:	- WITNESS TO SIGN HERE
Name:	- WITNESS'S NAME
Serving Address:	- WITNESS'S ADDRESS LINE 1
	- WITNESS'S ADDRESS LINE 2
	- WITNESS'S ADDRESS LINE 3
	- CITY/COUNTY
	- POSTAL / ZIP CODE

Signed as a Deed by:	
Signature:	- TRUSTEE 1 TO SIGN
FIRST SCHEME TRUSTEE NAME	
Witnessed in the presence of:	
Signature:	- WITNESS TO SIGN HERE
Name:	- WITNESS'S NAME
	- WITNESS'S ADDRESS LINE 1
	- WITNESS'S ADDRESS LINE 2
	- WITNESS'S ADDRESS LINE 3
	- CITY/COUNTY
	- POSTAL / ZIP CODE
Signed as a Deed by:	
Signature:	- TRUSTEE 2 TO SIGN
SECOND SCHEME TRUSTEE NAME	.
Witnessed in the presence of:	
Signature:	- WITNESS TO SIGN HERE
Name:	- WITNESS'S NAME
Serving Address:	- WITNESS'S ADDRESS LINE 1
	- WITNESS'S ADDRESS LINE 2
	- WITNESS'S ADDRESS LINE 3
	- CITY/COUNTY
	- POSTAL / ZIP CODE