

member questionnaire

scheme details

Name of Scheme

Name of Member

Principal Employer's Name

Please complete this form in full using BLOCK CAPITALS and dark ink. There are notes to help you. Any omission could delay the preparation of the scheme documentation and registration with Her Majesty's Revenue and Customs (HMRC). Please initial any changes you make and do not use correction fluid if you make a mistake.

On completion, sign and date the Declaration before returning it to us with a completed Installation Questionnaire (not required for a member joining a scheme already with Rowanmoor Pensions).

The information supplied will be held in the strictest confidence and subject to the provisions of Data Protection Legislation.



benefits from other schemes

Transfers to and from the SSAS can only be made once the scheme has been registered with HMRC.

If you have more than one pension arrangement please photocopy this page for each additional pension provider and complete and sign each sheet. This will give us the authority required to contact the provider about your pension benefits.

Authority for Rowanmoor Pensions to obtain information about these benefits is given by signing the member's declaration below.

You should seek independent financial advice before making any transfers.

The SSAS cannot accept the transfer of any guaranteed minimum pension or protected rights benefits.

We will need to take any Pension Sharing or Pensions Earmarking Order into account when calculating your retirement benefits.

If you answer 'YES' we reserve the right to make enquiries before proceeding with a transfer.

Some benefits, which are subject to protection of existing rights, may be lost if they are transferred or assigned to your SSAS. Please ensure you seek independent financial advice on matters relating to the protection of existing rights.

member's declaration

This is our standard member questionnaire upon which we intend to rely. For your own benefit and protection you should read these terms carefully before signing. If you do not understand any point please ask for further information or seek independent financial advice.

The information on this form and any supplementary information provided by you and/or your nominated advisers, now or in the future, will be used by Rowanmoor Pensions to:

1. set up and administer the pension scheme;
2. send information relating to the pension scheme to any of the trustees of the scheme;
3. provide statistics for marketing/new business analysis by Rowanmoor Pensions (or its agents);
4. give essential information about your account to others if necessary to run your account and for regulatory purposes. Information about you will be kept after your account is closed.

Do you have benefits in other pension arrangements? YES NO

If 'YES', please complete the following section:

PROVIDER'S NAME AND ADDRESS

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode	<input type="text"/>	
Telephone Number (inc. STD code)	<input type="text"/>	Fax Number (inc. STD code)	<input type="text"/>
Email Address	<input type="text"/>		
Policy Type	<input type="text"/>		
Policy/Scheme Number	<input type="text"/>		
Pension Scheme Tax Reference	<input type="text"/>		

Do you wish to transfer this pension arrangement into your SSAS? YES NO

Are benefits currently in payment? YES NO

If 'YES' have all the funds been crystallised? YES NO

Is the pension fund subject to a Pension Sharing or Pension Earmarking Order? YES NO

Do you want to transfer assets 'in-specie'? YES (ALL ASSETS) YES (SOME ASSETS) NO

If 'YES' to 'some assets' please provide a list of assets you wish to transfer 'in-specie'

Is the pension subject to any protection of existing rights? YES NO

If 'YES' please indicate what type:

- Tax-Free Lump Sum Enhanced Primary
 Member Pension Age Lump Sum Death Benefit Pension Credit Rights

I confirm that by completing this application, I agree to become a member of this Employer's Small Self-Administered Scheme and to be bound by the Trust Deed and Rules.

I authorise my previous company, any insurer or other pension provider and HMRC to disclose to Rowanmoor Pensions any details they request about the benefits provided for me.

I agree to the appointment of Rowanmoor Trustees Limited as independent trustees and Rowanmoor Group plc as scheme Administrator.

I confirm the information provided in this application is true and correct to the best of my knowledge.

Signature	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/>

identity verification certificate

To be completed by a regulated UK or EU Intermediary when introducing retail sector business.

Please complete a separate certificate for all parties to the contract (e.g. joint applicants, trustees, settlors and third parties) where you have been required to undertake identification.

Name of Applicant*/Trustee*/ Third Party* (in full) <small>*Delete as applicable</small>	<input type="text"/>		
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>
If this individual has changed address in the last three months please give the previous address here	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>

I/WE CERTIFY THAT:

- a) the information given above was obtained by me/us in relation to this individual;
- b) the evidence I/we have obtained to identify the customer;
(PLEASE TICK ONE BOX ONLY) TICK
 - meets the standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG; **or**
 - exceeds the standard evidence (written details of the further verification evidence taken are attached to this certificate);
- c) upon request I/we will supply evidence of identity of this individual to Rowanmoor Pensions.

TO BE SIGNED BY **EITHER**

Name of Regulated Firm	<input type="text"/>
Regulator's Name and Reference Number	<input type="text"/>
OR	
Name of Regulated Individual	<input type="text"/>
Regulator's Name and Reference Number	<input type="text"/>

Signed*	<input type="text"/>	COMPANY STAMP
Name	<input type="text"/>	
Position	<input type="text"/>	
Date	<input type="text"/>	
	<input type="text"/>	

***Original signature required.**

notes

A large, empty rectangular box with a thin blue border, occupying the majority of the page. It is intended for handwritten or typed notes.



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CONSULTANCY OFFICES

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Rowanmoor Pensions is a trading name of Rowanmoor Group plc (No. 5792242). Rowanmoor Trustees Limited (No. 1846413) is a wholly owned subsidiary of Rowanmoor Group plc.
Both companies registered in England at Rowanmoor House, 46-50 Castle Street, Salisbury SP1 3TS.

If you require this document in audio tape, large print, Braille or PC disc format, please telephone 08445 440 550 or fax 08445 440 500.