

takeover questionnaire

scheme details

Please give the total number of members, including active members, pensioners and deferred pensioners. Please ensure a fully completed Member Questionnaire accompanies this application for each member.

Please provide the registration number of the scheme, allocated by Her Majesty's Revenue and Customs (HMRC).

Name of Scheme

Number of Members

HMRC registration number

Please complete the Takeover Questionnaire in full using BLOCK CAPITALS and dark ink. There are notes to help you. 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 Member Questionnaire for each member.

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



scheme provider details

Please provide details of the current scheme provider.

To enable us to obtain relevant information to takeover your scheme, we require your authority. Please copy the following wording onto the principal employer's letterhead and arrange for it to be signed on behalf of the principal employer and by all scheme members and trustees and send it to us with this form. The letter should be addressed to your current provider with the scheme name and reference or policy number clearly stated.

We wish to appoint Rowanmoor Group plc as Scheme Administrator and Rowanmoor Trustees Limited as Independent Trustee.

Please accept this letter as authority to release any information or documents regarding our pension arrangements to Rowanmoor Pensions.

Contact Name	<input type="text"/>		
Company Name	<input type="text"/>		
Address	<input type="text"/>		
	<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"/>		

reasons for change of provider

It helps us to provide a smooth administration service if we are aware of the reasons for the change of provider. Please provide as much detail as you can.

Reasons for the takeover:

scheme administrator

Please give details of the current scheme administrator.

The scheme administrator may be a trustee, all trustees, an organisation, professional body or an individual.

Where there is more than one scheme administrator please provide details of the others in the notes section on page six.

Scheme Administrator's Name	<input type="text"/>		
Company Name (if applicable)	<input type="text"/>		
Address	<input type="text"/>		
	<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"/>		

Has the scheme been registered for the HMRC on-line Pension Service

YES NO

Scheme Administrator ID

actuarial adviser

Please provide details of your current actuarial adviser (if applicable).

Contact Name	<input type="text"/>		
Company Name	<input type="text"/>		
Address	<input type="text"/>		
	<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"/>		

principal employer details

Please advise if the employer is limited, limited by guarantee, unlimited, limited by liability, a partnership, or other, eg self-employed.

Name	<input type="text"/>		
Registered Office (if applicable)	<input type="text"/>		
	<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"/>		
Trading Address (if different from above)	<input type="text"/>		
	<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"/>		
Employer Status	<input type="text"/>		
Nature of Business	<input type="text"/>		
Employer Year End	<input type="text"/>	Registration Number (if applicable)	<input type="text"/>
Corporation Tax District	<input type="text"/>	Ref	<input type="text"/>
PAYE District	<input type="text"/>	Ref	<input type="text"/>

trustee adviser details

Please give details of the IFA who will provide advice on the scheme to the member trustees.

All correspondence will be sent to this address. If you do not have an IFA all correspondence will be sent to the trading address of the principal employer.

The trustees must appoint an investment adviser.

If 'YES', please provide a copy of your investment adviser's formal appointment and acceptance letters when returning your application.

If you have ticked 'NO', please provide details of your appointed investment adviser.

INDEPENDENT FINANCIAL ADVISER (IFA) (if appropriate)

Contact Name	<input type="text"/>		
Company Name	<input type="text"/>		
Address	<input type="text"/>		
	<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"/>		
Regulated by	<input type="text"/>		
Authorisation Number	<input type="text"/>		

Will the IFA be appointed to act as the Investment Adviser?

YES NO

Contact Name	<input type="text"/>		
Company Name	<input type="text"/>		
Address	<input type="text"/>		
	<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"/>		
Regulated by	<input type="text"/>		
Authorisation Number	<input type="text"/>		

principal employer accountant details

Please provide details of the accountant acting for the principal employer.

ACCOUNTANT

Contact Name	<input type="text"/>		
Accountancy Firm's Name	<input type="text"/>		
Address	<input type="text"/>		
	<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"/>		

Rowanmoor Pensions will produce scheme accounts as part of our standard service (scheme year end will be 5 April).

HMRC may ask for Self-Assessment Tax Returns to be submitted for the scheme.

Please tick if you wish Rowanmoor Pensions to complete any annual Self-Assessment Tax Returns.

declaration

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.

To be signed by two directors or a director and company secretary of the principal employer if they are a limited, limited by guarantee or unlimited company.

To be signed in accordance with the partnership agreement, subject to a minimum of two partners signing.

To be signed by an individual in the case of the self-employed.

On behalf of the Principal Employer we agree to Rowanmoor Pensions investigating the takeover of the scheme. We understand Rowanmoor Pensions will charge for this work and for any other work associated with the takeover of the scheme.

We confirm we are acting in accordance with the Memorandum and Articles of Association of the Company or Partnership Agreement.

We understand that, upon successful investigation, Rowanmoor Pensions will provide the necessary documentation to takeover the scheme.

We agree to Rowanmoor Pensions opening a Trustee bank account with The Royal Bank of Scotland. This will replace all other Trustee bank accounts, with the exception of loan or overdraft accounts. We confirm all existing accounts will then be closed (except loan and overdraft accounts) and the proceeds transferred to the new Royal Bank of Scotland account to which all payments into the SSAS will be made. We understand Rowanmoor Trustees Limited will be sole signatory to the account.

The information provided on this form is correct to the best of our knowledge.

Signature

Print Name

Position

Date

Signature

Print Name

Position

Date

notes

corporate verification certificate

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

Please complete a separate certificate for all employers participating in the scheme.

EMPLOYER'S DETAILS

Company Name	<input type="text"/>		
Registered Number (if applicable)	<input type="text"/>		
Registered Address	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>
Nature of Business	<input type="text"/>		
Type of Entity (Ltd Co, Partnership, plc)	<input type="text"/>		
Names of Directors (or equivalent)	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
Names if principal beneficial owners (ie over 25%)	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	

I/WE CERTIFY THAT:

- a) the information given above was obtained by me/us in relation to this customer;
- b) the evidence I/we have obtained to identify the customer;
(PLEASE TICK ONE BOX ONLY)
- 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 customer to Rowanmoor Pensions.

TICK

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"/>		

*Original signature required.



Rowanmoor Pensions

TELEPHONE: 08445 440 440 • FAX: 08445 440 500
enquiries@rowanmoor.co.uk • www.rowanmoor.co.uk

ADMINISTRATION CENTRES

ROWANMOOR HOUSE • 46-50 CASTLE STREET • SALISBURY SP1 3TS
2 BELMONT HOUSE • DEAKINS BUSINESS PARK • EGERTON • BOLTON BL7 9RP

CONSULTANCY OFFICES

LONDON | HORSHAM | KNUTSFORD | SALISBURY

Rowanmoor Pensions is a trading name of Rowanmoor Group plc (No. 5792242), Rowanmoor Trustees Limited (No. 1846413) and Rowanmoor Investment Management Limited (No. 3445656) are wholly owned subsidiaries of Rowanmoor Group plc. All companies registered in England at Rowanmoor House, 46-50 Castle Street, Salisbury SP1 3TS.
Rowanmoor Investment Management Limited is authorised and regulated by the Financial Services Authority.

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.