

Member Questionnaire

Rowanmoor SSAS

Guide

Fee Schedule

Installation Questionnaire

Member Questionnaire

This is part of a set of literature, all of which should be read together.

Name of Scheme

Name of Member

Principal Employer's Name

Please complete the Member Questionnaire in full using **BLOCK CAPITALS** and dark ink. There are notes to help you. Any omission could delay the registration of the scheme with HM Revenue & Customs (HMRC) and any proposed investments in the scheme. 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. An Installation Questionnaire is not required for a member joining an existing small self-administered scheme (SSAS) with Rowanmoor.

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

- Member Questionnaire**
Pages two to five. The member should complete this section.
- Identity Verification Certificate**
Page six. To be completed by a regulated UK or EU Intermediary. A separate certificate is required for the member and all parties to the contract.
- Installation Questionnaire**
An Installation Questionnaire should also be completed, unless the member is joining an existing Rowanmoor SSAS.

Member Questionnaire

Member details

The Unique Taxpayer Reference is only issued by HMRC when you register for self-assessment. If you have multiple nationalities/citizenships please use the notes section on page 7.

Title	<input type="text"/>	
Forename(s)	<input type="text"/>	
Surname	<input type="text"/>	
Permanent Residential Address	<input type="text"/>	
	<input type="text"/>	
Country	<input type="text"/>	Postcode <input type="text"/>
Telephone Number (inc.area code)	<input type="text"/>	
Email Address	<input type="text"/>	
National Insurance Number	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Unique Taxpayer Reference	<input type="text"/>	
Nationality/ Citizenship	<input type="text"/>	
Occupation	<input type="text"/>	
Date of Birth	<input type="text"/>	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Spouse's/Civil Partner's Date of Birth	<input type="text"/>	

If you have already received pension benefits you may have triggered a Money Purchase Annual Allowance test.

Please provide a copy of the statement issued by the scheme Administrator, of the scheme which triggered this event, confirming the date of the first payment.

Are you subject to the Money Purchase Annual Allowance?
 YES NO

If 'YES' please confirm the date the first payment occurred

Employer details

Please only insert name if different from that detailed on the front page of this questionnaire.

Please provide details of your shareholdings in the employer (if applicable).

Name of Employer	<input type="text"/>
Date you joined Employer	<input type="text"/>
Are you a Director?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date you became a Director	<input type="text"/>
% of Company owned	<input type="text"/>

Nomination of beneficiaries

In the event of your death, please confirm the percentage split of any benefits you wish to be paid to your nominated beneficiaries.

The trustees will consider the wishes expressed opposite but shall not necessarily be bound by these. This will include offering the named dependant/beneficiary the option of a drawdown income or a lump sum. Where you wish the trustees to consider only offering a lump sum or a drawdown, please notify us in writing. If you do not complete this section the trustees will exercise their full discretion as to whom your benefits should be paid. This may include payment to your estate. Death benefits paid to a beneficiary are usually not liable to inheritance tax.

You may change your nominated beneficiaries in writing at any time. We will keep this information confidential.

If you wish to nominate a charity/charities this should be done now as it cannot be left to the trustees' discretion.

If you need to provide further information please use the notes section on page seven.

Should you require further information please seek financial advice from a suitably qualified professional.

Should there be an entitlement to a lump sum payment or beneficiary's pension(s) I wish the payment(s) to be made as follows:

Name of dependant/beneficiary	Relationship	%

Nomination of a charity

In the event of there being no surviving financial dependant the part of your fund not payable to a nominated beneficiary, as listed above, may instead be paid to a charity. If you wish to nominate a charity/charities please give the name(s) below.

Name of charity	%

Benefits from other schemes

Please provide details of the benefits you have in other pension arrangements.

Transfers and assignments to 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 plan and complete and sign each sheet. This will give us the authority required to contact the provider about all of your pension benefits.

You should seek financial advice, from a suitably qualified adviser, before making any transfers or assignments.

A fund has been crystallised if any benefits have been taken, including pension commencement lump sum. We cannot accept a partial transfer of crystallised funds.

If 'YES' to 'all assets' or 'some assets', please provide a list of assets you wish to transfer 'in specie' in the notes section on page seven. 'In specie' transfer of assets can be a complex process involving several different parties and may take some time to complete. We reserve the right to make enquiries before proceeding with a transfer.

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 financial advice on matters relating to the protection of existing rights.

Provider's full name and address

Name			
Address			
		Postcode	
Telephone Number (inc. area code)		Fax Number	
Email Address			
Plan/Scheme Type			
Is this an occupational scheme?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Plan/Scheme Name (in full)			
Plan/Scheme Number (in full)			
Pension Scheme Tax Reference			
Value of fund	£		

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

Does this represent the full value of the current plan/scheme? YES NO

Have any funds been crystallised? YES (all funds) YES (some funds) NO

If 'YES' please confirm how they were crystallised Capped Drawdown Flexi-Access Drawdown Scheme Pension Other (please specify)

Is the transfer part of a block transfer? YES NO

Do you want to transfer assets 'in specie'? YES (all assets) YES (some assets) NO

Is the current plan/scheme subject to any existing or proposed trustee in bankruptcy orders, or earmarking, or pension sharing orders or other receiving orders? YES NO

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

If 'YES' please indicate what type: Tax-Free Lump Sum Enhanced Protection Primary Protection Member Pension Age Lump Sum Death Benefit Pension Credit Rights Fixed Protection 2012 Fixed Protection 2014 Fixed Protection 2016 Individual Protection 2014 Individual Protection 2016

Does the plan contain any guaranteed annuity rates or guaranteed minimum pension rights? YES NO

Transfer authority

I authorise and instruct you to transfer sums and assets from the plan(s) as listed in the 'benefits from other schemes' section of this application directly to Rowanmoor Executive Pensions Limited and to provide any instructions and/or discharge required by any relevant third party to do so.

I authorise you, the provider named above and any appointed financial intermediary for this Scheme to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Rowanmoor Executive Pensions Limited.

I authorise you, the provider named above and any employer paying contributions to any of plans as listed in the 'benefits from other schemes' section of this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Rowanmoor Executive Pensions Limited.

Until this application is accepted and complete, Rowanmoor Executive Pensions Limited's responsibility is limited to the return of the total payment(s) to the provider named above.

When payment is made to Rowanmoor Executive Pensions Limited as instructed this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in the 'benefits from other schemes' where the whole of the plan(s) is transferring or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.

I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Rowanmoor Executive Pensions Limited and the provider named above may incur as a result of any incorrect, untrue or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.

Please sign the transfer authority.

Signature			
Print Name			
Date	D D	M M	Y Y

Member's declaration

This is our standard Member Questionnaire upon which we intend to rely. For your own benefit and protection you should read this declaration carefully before signing. If you do not understand any point please ask for further information or seek advice from a suitably qualified professional.

How we use your information

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 to:

1. set up and administer the SSAS;
2. send information relating to the SSAS to any of the trustees of the scheme;
3. provide statistics for marketing/new business analysis by Rowanmoor or its agents;
4. give essential information about your SSAS to others (for example, investment providers, regulatory authorities, or your agents such as your financial adviser or investment manager) if necessary to run your SSAS and for legal or regulatory purposes.

Information about you will be kept after your account is closed.

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 Executive Pensions Limited any details they request about the benefits provided for me.

I agree to the appointment of Rowanmoor Trustees Limited as independent trustee and Rowanmoor Executive Pensions Limited as scheme Administrator.

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

I understand to comply with Money Laundering Regulations, Rowanmoor Executive Pensions Limited may verify my identity through the use of an electronic identity verification system. Where a check is carried out, the system will also check whether I have a credit history, but it will not disclose any details. The system will add a note to my credit file to show that an identity check was made, but this information will not be available to third parties for credit assessment purposes. If the check does not confirm my identity, Rowanmoor Executive Pensions Limited will need to carry out a manual check and may need to contact me for further information. Acceptance of my application is subject to satisfactory completion of identity verification checks.

Signature

Print Name

Date

D		D	M		M	Y		Y
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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) *Delete as applicable	<input type="text"/>		
Date of Birth	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>
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
 - meets the guidance for 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 you with evidence of the identity of this individual.

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 (original signature required)	<input type="text"/>	COMPANY STAMP
Name	<input type="text"/>	
Position	<input type="text"/>	
Date	<input type="text" value="D"/>	

*Regulated individuals are not permitted to self-certify.

Notes

 03445 440 440

 03445 440 500

 enquiries@rowanmoor.co.uk

 rowanmoor.co.uk

Rowanmoor Executive Pensions Limited (No. 5792242), Rowanmoor Personal Pensions Limited (No. 2268900) and Rowanmoor Trustees Limited (No. 1846413) are companies registered in England at Rowanmoor House, 46-50 Castle Street, Salisbury SP1 3TS. Rowanmoor is a trading name of the Embark Group.

Rowanmoor Personal Pensions Limited is authorised and regulated by the Financial Conduct Authority.

If you require this document in audio, large print or Braille format, please telephone 03445 440 550 or fax 03445 440 500.