

## SSAS Takeover Questionnaire

Name of Principal Employer

Registered Number

Trading Address

Telephone Number

Nature of Business

Name of Member Trustees

Date of Birth

NRA

National Insurance Number

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Name of Accountant

Contact Name

Address

Telephone Number

Scheme Pension Practitioner

Contact Name

Address

Telephone Number

Scheme Administrator

Contact Name

Address

Financial Advisor

Contact Name

Address

Name of Scheme

HMRC registration number

Has the Scheme been registered  
for the HMRC on line Pension  
Service

Yes

No

<input type="text"/>	<input type="text"/>
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By signing this takeover questionnaire, we are also providing pensionpractitioner.com authority to obtain information regarding the scheme from the current advisors, HMRC registered administrator and pension scheme practitioner.

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

Signature

Name

Position

Date

Signature

Name

Position

Important Note

Date

Please provide the following:  
Most recent scheme accounts  
current trust deed and rules

If you need assistance with the completion of this form please call us on 0800 634 4862