



## HCPS Small Self Administered Scheme (SSAS)

Member Application

**If you require this document in another format for ease of reading, please let us know.**

## Important

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This application and the answers you give will form the basis of a contract between ourselves and will be used to ensure that we both comply with pensions regulations. You must therefore complete the form truthfully as failure to do so could jeopardise the tax benefits applying to your pension.

The applicant applying to become a Member Trustee of the Scheme should complete sections 1, 2, 3, 4, 5, 6 and 7. The Principal Company should complete Section 8 if the member has not already been appointed as a Member Trustee by some other means.

## 1. Scheme Details

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<b>Scheme Name</b>	(the 'Scheme')
<b>Name of Employer</b>	

## 2. Member Details

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<b>Full Forenames:</b>		<b>Title (Mr/Mrs/Miss/Ms/ Dr/Other):</b>	
<b>Surname:</b>		<b>Sex:</b>	
<b>Previous Name(s):</b>		<b>Date of Birth (dd/mm/yyyy):</b>	
<b>Marital Status:</b>			
<b>Address:</b>			
<b>Postcode:</b>			
<b>Email Address:</b>		<b>Contact Tel. No:</b>	

Please note we will need to carry out Identity Verification checks, and hence may require certified copies of certain identity documents where applicable.

Please provide details of your current salary, bonus and benefits in kind for the last three years.

Please state whether the year end is a scheme, company or tax year end.

If you are applying in respect of more than one employment, a separate application will be required for each employment.

Your NI number will appear on your payslip and/or on a notice of your tax coding.

<b>Year Ending (dd/mm/yy)</b>	/ /	/ /	/ /
<b>Basic</b>			
<b>Bonus</b>			
<b>Benefits in Kind (P11D)</b>			

<b>National Insurance Number</b>	
<b>Start Date With Employer</b>	
<b>Date of Joining Scheme</b>	
<b>Nominated Retirement Age</b>	

### 3. Spouse's Details

<b>Title (Mr/Mrs/Miss/Ms/Dr/Other):</b>	
<b>Full Forenames:</b>	
<b>Surname:</b>	
<b>Date of Birth (dd/mm/yyyy):</b>	
<b>Sex:</b>	

## 4. Transfers

If you wish to make a transfer of existing pension benefits you have accrued into this SSAS, please complete the following questions:

### Transferring Scheme

Is the transferring scheme a registered pension scheme under Finance Act 2004? **YES / NO**

If **NO**, we cannot accept transfer.

If **YES**, please complete the following section

<b>HMRC Pension Scheme Tax Reference</b>	
<b>Type of Pension (e.g. Self Invested Personal Plan)</b>	
<b>Contact Name &amp; Telephone No</b>	
<b>Total Transfer Value (£) (if known)</b>	

### Benefits in Payment

Does any of the transfer value detailed above relate to benefits already in payment? **YES / NO**

If **YES**, please complete the following section

<b>What type of income are you receiving?</b>	Scheme Pension / Capped Drawdown / Flexible Drawdown				
<b>What is the value of the fund being used for Income Withdrawal?</b>	£				
<b>What income have you drawn in the current payment year?</b>	£				
<b>For Capped Drawdown what is the current maximum income you can withdraw in a policy year?</b>	£				
<b>How much income do you wish to take from your vested benefits?</b>	Maximum (Capped Drawdown only)				<b>Yes / No</b>
	Other	£			
<b>What frequency of payments do you require? (please circle)</b>	Yearly	Half-Yearly	Quarterly	Monthly	One-off

### In-specie Transfers

Is any part of the transfer being made in respect of “in-specie” assets?

**YES / NO**

If **YES**, please complete the following section

<b>What is the nature of the asset?</b>	
<b>What is the current value?</b>	£
<b>When was the asset last valued (mm/yy)</b>	

### Pension Sharing / Earmarking

Does any of the transfer relate to either a Pension Credit/Debit derived from a Pension Sharing order, or an earmarking order? **YES / NO**

If **YES**, please provide full details separately.

### Contracted-Out Benefits

If you were contracted-out of the State Earnings Related Pension Scheme (SERPS) or the State Second Pension (S2P) you will have accrued rights called Guaranteed Minimum Pension and/or Section 9(2B) rights in place of benefits under the appropriate State Scheme. You may also have such rights that have been transferred to a Section 32 annuity contract. These rights are guaranteed and include a 50% pension for a widow, widower or surviving civil partner and also include some degree of protection against inflation. From 6 April 2012 you can transfer such rights to us but the money that we receive loses these features and is just treated as a normal part of your money purchase fund.

<b>Please state the amount of transfer in respect of Guaranteed Minimum Pension and/or Section 9(2B) rights included in this transfer.</b>	£
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### Advice

I have received advice from a Financial Adviser in respect of this transfer:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No', I confirm that I have less than 2 years' service and must transfer out my benefits or accept a short service refund:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' and the transfer is from an Occupational Final Salary Scheme, I have received a Transfer Value Analysis and Critical Yield which I have discussed with my Financial Adviser:	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Note: Hazell Carr Pensions Services cannot provide any investment advice on transfers. We will only accept transfers where you take advice from a Financial Adviser. The only exception to this is where your former scheme only offers a transfer or a refund of contributions.**

## 5. Contributions

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If you are currently making pension contributions that you wish to re-direct into this new arrangement, or if you or your employer wishes to start making contributions, please answer the following information:

Do you wish to make personal contributions into the SSAS? **YES / NO**

If **YES**, please provide details of level and frequency of contributions.

Is your employer intending to make contributions in respect of your membership of the SSAS? **YES / NO**

If **YES**, please provide details of level and frequency of contributions.

## 6. Applicant's Declaration

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**VERY IMPORTANT: The information in this application is required for income tax purposes and the inclusion of false information may lead to prosecution by the tax authorities with severe penalties.**

- a. I apply to become a Member Trustee of the Scheme on the date of joining as set out in Section 1.
- b. I agree to be bound by the Documents and Rules of the Scheme.
- c. I declare to the best of my knowledge and belief that the information given in this application form, whether in handwriting or not, is correct and complete.
- d. In relation to Section 4, I authorise Her Majesty's Revenue & Customs (HMRC) to disclose to Hazell Carr Pensions Services any information relating to any other scheme which the HMRC regards as being relevant to maintaining the Scheme's registered status.
- e. I declare that I will not make contributions to the scheme and / or take benefits from the scheme as part of a tax free cash re-cycling exercise.

### APPLICANT'S UNDERTAKING

- i. I agree that this undertaking is irrevocable.
- ii. I undertake to immediately tell all of the Member Trustees individually together with the Independent Trustee (if applicable) if any of the following occur:
  - (a) I become bankrupt, agree to an Individual Voluntary Arrangement (IVA) or become disqualified as a director of a company.
  - (b) I have been convicted of any offence involving dishonesty or deception.
  - (c) I stop being employed, either directly or as an officer, by all or any of the participating employers in the scheme.
  - (d) I want to resign as a Member Trustee of the Scheme.
  - (e) I am removed as a Member Trustee of the Scheme or I am suspended from acting as a Member Trustee of the Scheme.
  - (f) I am unwilling to agree with the Member Trustees of the Scheme over any decision to be taken by the Member Trustees.
  - (g) My benefits under the Scheme are to be secured by an annuity contract or policy.
  - (h) I should stop being a Member Trustee because of a legal requirement (e.g. I become bankrupt).
- iii. I undertake and agree that whenever an annuity is to be secured for payment of pension to me, that annuity shall be secured so that it becomes an asset which is not part of the Scheme, that I stop being a Member Trustee of the Scheme and the annuity is secured so that I can enforce it rather than the Member Trustees of the Scheme. I agree that the means by which this may be done shall be decided by the Member Trustees although they will take into account my wishes.
- iv. I undertake to provide the Member Trustees of the Scheme with all information needed and any signed documentation needed, to give effect to any of the above. Instead of giving that information directly to the Member Trustees, I authorise also any of the Member Trustees to approach any third party and for that third party to give to any of the Member Trustees whatever information they may ask for in connection with anything to be done under this undertaking.
- v. This undertaking has effect from the date on which I become a Member Trustee of the Scheme.
- vi. I undertake that I shall not pay contributions in excess of £3600 or my UK earnings.

- vii. I undertake to advise the scheme administrator within 30 days if I become ineligible for tax relief on my contributions.

I accept that each member of the Scheme should be a Member Trustee. Unless I have been appointed as a Member Trustee by some other means, then the following appointment of Member Trustee in Section 8 shall come into effect from the date on which I become a Member Trustee.

**CONSENT TO PROCESSING OF DATA**

Hazell Carr Pensions Services is a trading name of Xafinity SIPP Services Limited and its subsidiaries, part of the Xafinity Group.

For the purposes of the Data Protection Act 1998, the data processor in respect of information provided by you to Hazell Carr Pensions Services, or on your behalf, is Xafinity SIPP Services Limited.

Xafinity uses the information provided by you, or on your behalf, for purposes in connection with the contract (and related services) which the Scheme Administrator and/or Member Trustees of the Scheme have applied for. This will include administering the scheme, calculating benefits or payments that may be made from the scheme, supplying relevant information from time to time and supplying services to any trust, scheme or arrangement with which the scheme may be connected.

Where necessary, Hazell Carr Pensions Services will, in connection with your application and any contract following on from it, process 'sensitive data' as defined in the Data Protection Act (including information relating to physical or mental health or condition and sexual life). This is used, for example in relation to claims for ill health retirement or for the payment of civil partners' or dependants' benefits). Hazell Carr Pensions Services has a confidentiality policy in place which means that medical information is held securely and access is limited to those who need to see it.

In addition, Hazell Carr Pensions Services will disclose information to certain bodies where it has a legal obligation to do so, for example to regulatory bodies or authorities such as the Financial Services Authority, the Her Majesty's Revenue & Customs or to reassurers. Hazell Carr Pensions Services may also be required to disclose information in order to comply with money laundering laws and for other purposes, for example detecting crime. We also share permitted relevant information with people acting as agents on your behalf (for example your Independent Financial Adviser) to allow them to carry out fully their role as your agent. In addition, the information may be shared with companies in the Xafinity Group in order to deliver services.

I consent to Hazell Carr Pensions Services gathering, using and disclosing information which is contained in this application form and which it considers relates to the scheme or services applied for and/or any trust, scheme or other arrangement with which the scheme may be connected and I consent to the processing of the data as explained above (and where appropriate for other people named in this form).

**Marketing to the Member Trustees**

As a Member Trustee acting in a formal capacity, we may tell you about Xafinity products and services from time to time.

**Signature of Applicant**

Date of Signature 

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## 7. Expression of Wish for Death Benefits

To the Member Trustees of the  (Scheme Name)

Member's Name:

Please note that I would like the under-mentioned person or persons to receive the death benefits payable under the above mentioned Scheme in the event of my death.

		Proportion of Benefit %
Full Name:	<input type="text"/>	<input type="text"/>
Relationship:	<input type="text"/>	
Address:	<input type="text"/>	
Full Name:	<input type="text"/>	<input type="text"/>
Relationship:	<input type="text"/>	
Address:	<input type="text"/>	
Full Name:	<input type="text"/>	<input type="text"/>
Relationship:	<input type="text"/>	
Address:	<input type="text"/>	

I understand that in exercising their discretion in the disposal of the benefit, the Member Trustees will not be bound by this expression of my wishes, but I request that they be borne in mind.

Signature of Member:

Date of Signature

Note: Once completed, this form should be returned to the Member Trustees for safe keeping and a copy sent to Hazell Carr. A form deposited for safe keeping in this way may at any time be withdrawn and another deposited in its place.

## 8. Appointment as a Member Trustee

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Name and Address of the Principal Company (Full name and address of Principal Company should be entered)

Postcode:
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1. The Principal Company has the power under the trust provisions and rules of the Scheme to appoint a new Member Trustee to the Scheme.
2. In exercise of that power and all other powers so allowing, the Principal Company hereby appoints the new Member named in Section 2 as a Member Trustee of the Scheme. Notwithstanding the date hereof, the appointment shall take effect at the same time as the new Member starts his membership of the Scheme.
3. The new Member agrees to become a Member Trustee as set out above.
4. The Principal Company shall arrange with the Member Trustees that, where necessary, the title to any assets of the Scheme is amended to show the new Member in his/her capacity as a Member Trustee.
5. Signature for and on behalf of the Principal Company

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Director/Authorised Signatory

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Director/Secretary/Authorised Signatory

Date of Signatures

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A copy of the completed application form will be supplied on request from the address below.

## Contacting HCPS

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HCPS SSAS Department  
Xafinity  
Scotia House  
Castle Business Park  
Stirling  
FK9 4TZ

[www.xafinity.com](http://www.xafinity.com)

Tel: 01786 434250

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The information provided in this document is based on our understanding of current law and HMRC practice. However, Xafinity is not an individual taxation or financial adviser and can't provide such advice. You should obtain independent advice before making any decisions using the information given. Law and HMRC practice are subject to change without notice.

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