



Hazell Carr Pensions Services (HCPS) SSAS

SSAS New Scheme Questionnaire

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

About Your New HCPS SSAS

- We use the information in this questionnaire to prepare the Trust Deed and Administration Services Agreement.
- Please provide as much information as possible and, if you are unsure about anything, please ring our SSAS Team on 01786 434250.

Scheme Details

Scheme Name:	
Number of Members:	

Principal Employer Details

Company Name:	
Registration Number:	
Contact Name:	
Registered Office Address:	
Post Code:	
Telephone No:	
Email Address:	

Company Status:	
Nature of Business:	
Company Year End:	
Registration Number:	

Schedule D Tax District & Reference:	
Schedule E Tax District & Reference:	

If the Trading address and/or the address for correspondence differ from the above, please complete the details below:

Address:	
Post Code:	
Telephone No:	
Email Address:	

Trustee's Details

Please note that all members must be Trustees. Print additional copies of this page if required.

Full Name:	
Date of Birth:	
Address:	
Post Code:	
Telephone No:	
Email Address:	

Full Name:	
Date of Birth:	
Address:	
Post Code:	
Telephone No:	
Email Address:	

Full Name:	
Date of Birth:	
Address:	
Post Code:	
Telephone No:	
Email Address:	

Financial Adviser Details

Company Name:	
Contact Name:	
Address:	
Post Code:	
Telephone No:	
Email Address:	
Regulated By:	
Authorisation No:	

If the above Financial Adviser has not been formally appointed as the Investment Adviser, please provide details of the appointed Investment Adviser below:

Company Name:	
Contact Name:	
Address:	
Post Code:	
Telephone No:	
Email Address:	
Regulated By:	
Authorisation No:	

Proposed Scheme Administrator

The Scheme Administrator may be Hazell Carr Pensions Services (HCPS), a Trustee, all Trustees, an individual, a professional body or an organisation.

If HCPS or all the Trustees are to be Scheme Administrator, please simply complete "HCPS" or "All Trustees" below. If it is to be another party, please fully complete the box below with their details.

Full Name:	
Contact Name:	
Address:	
Post Code:	
Telephone No:	
Email Address:	
Registration Number:	

Where HCPS are not appointed as Scheme Administrator, HCPS will take on the role of Scheme Practitioner.

For details of what the role of Scheme Administrator involves and the responsibilities it entails, please see [HMRC - Role of a Scheme Administrator](#).

Summary of Proposed Scheme Investments

Please provide as much detail as possible on the proposed scheme investments. By doing so, we will be able to identify more quickly any information and paperwork that we will need to progress these investments for you.

Principal Employer & Trustees' Declaration

We certify that the information provided on this form is correct to the best of our knowledge.

Signatures on behalf of
The Principal Employer:

Print Names:

Positions:

Date:

Trustee's Signatures:

Print Name:

Date:

Trustee's Signatures:

Print Name:

Date:

Trustee's Signatures:

Print Name:

Date:

Contacting HCPS

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

www.xafinity.com

Tel: 01786 434250

Email: SSAS&SIPP@xafinity.com

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