

# Application Form

for the Curtis Banks SSAS



This application form should be completed by the company (the applicant) wishing to take out a Curtis Banks SSAS, and by the members of the SSAS. It is a legally binding document between the applicant, Curtis Banks Limited and Colston Trustees Limited.

Please complete all relevant sections of the form **IN FULL USING BLOCK CAPITALS** and return it to Curtis Banks Limited, SSAS Department, Ground Floor, 3 Temple Quay, Bristol BS1 6DZ

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## There are a number of sections to the form:

<b>Introducer Section</b>	For completion by any professional adviser who has introduced you to us, and signature by you at the foot of page 1
<b>Sections 1 – 4</b>	For completion by the applicant
<b>Section 5</b>	For completion by the applicant where you wish for Curtis Banks to consider a takeover of an existing SSAS
<b>Section 6</b>	For signature by the applicant
<b>Member Application</b>	A separate Member Application Form should be completed by each member of the SSAS

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If you have any queries regarding the completion of this form, please contact your professional adviser, or Curtis Banks Limited on (0117) 910 7910, and we will be pleased to help you.

Curtis Banks Limited is the practitioner of the SSAS. Colston Trustees Limited is a trustee of the SSAS.

Curtis Banks Limited (registered number 6758825) and Colston Trustees Limited (registered number 6867955) are companies registered in England & Wales with their registered addresses at 3 Temple Quay, Bristol BS1 6DZ.

Curtis Banks Limited is authorised and regulated by the Financial Conduct Authority.  
**[www.curtisbanks.co.uk](http://www.curtisbanks.co.uk)**



## INTRODUCER DECLARATION

- I have advised this applicant to take out a Curtis Banks SSAS and have supplied the applicant with all relevant literature in the latest available version, including the Key Features Document, SSAS Terms and Conditions, current SSAS Fee Schedule and appropriate guidance notes detailing acceptable investments.
- Where transfers are to be made from other pension arrangements into the SSAS, I confirm that I have advised on the suitability of the transfer.
- I confirm that the above adviser charges are in accordance with an adviser charging structure which has been disclosed and agreed by Terms of Business with Curtis Banks which meets regulatory requirements.
- I have verified the applicant's identity and address from original documentation and, where contributions are to be made to the SSAS, I confirm that evidence of the source of wealth from which these contributions will be paid has been obtained.
- I understand that no adviser charges or other scheme fees may be paid until the SSAS has been established and registered with HMRC. Adviser charges need to be validated by the trustees and cleared funds need to have been received from contributions or transfer payments.
- I understand that where renewal payments of adviser fees are to be made, it is my responsibility to submit an invoice addressed to the full name of the pension scheme for payment at the appropriate date.

**Introducer's signature**

**Name**

**Date**

## 1 Scheme Details

**Scheme Name**

**Contact details for general correspondence**

**Full name**

**Address**

**Telephone numbers**

Daytime

Mobile

**Email address**

**Fax number**

## 2 Employer Details

Please enter details of the Principal Employer operating the SSAS. If there are other employers participating in the SSAS, please take copies of this page and enter details for them.

<b>Company name</b>	<input type="text"/>	
<b>Registered address</b>	<input type="text"/>	
	Postcode	
<b>Correspondence address</b> (if different)	<input type="text"/>	
	Postcode	
<b>Telephone number</b>	<input type="text"/>	<b>Fax number</b> <input type="text"/>
<b>Email address</b>	<input type="text"/>	
<b>Nature of business</b>	<input type="text"/>	
<b>Registered number</b>	<input type="text"/>	<b>Year end</b> <input type="text"/>
<b>Name of auditor</b>	<input type="text"/>	
<b>Contact name at auditor</b>	<input type="text"/>	
<b>Auditor's address</b>	<input type="text"/>	
	Postcode	
<b>Telephone number</b>	<input type="text"/>	

## 3 Initial Contributions

Please enter full details of the principal / sponsoring employers bank account (sort code and account number). These details are required by Barclays Bank Plc as part of their compliance and account opening procedures and we have to supply these irrespective of whether a contribution is planned either now or in the future.

<b>Employer Account Name</b>	<input type="text"/>	
<b>Account Number</b>	<input type="text"/>	<b>Sort Code</b> <input type="text"/>
<b>Contribution amount</b>	<input type="text"/>	

Please be aware that if any of the scheme members have previously taken benefits from any other UK Pension Arrangement in a way which means they are subject to the reduced Money Purchase Annual Allowance for pension contributions, please ensure this is confirmed in writing separately including the date this first applies.



## 5 Existing SSAS Details

Please complete this section if you would like Curtis Banks to consider the take-over of an existing SSAS.

Name of existing SSAS

HMRC registration number

Name of current SSAS provider

Contact name

Address

  

Postcode

Telephone number

Fax number

Email address

Please list the types of asset in the SSAS and their approximate values

Is the SSAS operated on a 100% pooled fund basis (I.e. no earmarked assets)?

Yes

NO

Please indicate the most recent formal split of the SSAS assets between the members and enclose a copy for our records together with a corresponding schedule of assets to the same date:

Name	Share of fund (% or £)

Date of above split of fund

### AUTHORISATION

We hereby agree that Curtis Banks Ltd can approach the member trustees of the existing SSAS and the outgoing provider / trustee for whatever information is required (i) to be able to consider this take-over request further and (ii) to obtain as much documentation and evidence that Curtis Banks Ltd deems necessary in order to reach that conclusion or to complete that process.

Signed by a Director of the Principal Employer

Name

Date

or

Signed by the Member Trustees

Name

Date

## 6 Declaration

This declaration should be signed by the employer applying for a Curtis Banks SSAS. References to "we" and "you" below are references to the employer signing this declaration.

Your attention is drawn to the Curtis Banks SSAS Key Features Document, SSAS Terms & Conditions and Schedule of Fees, upon which we intend to rely. For your own benefit and protection you should read these documents carefully before signing the declaration below.

You should read this declaration carefully before signing it. Curtis Banks Limited will rely on your declaration as part of your contract with us. If you do not understand any part of it, please ask us for further guidance.

- We request Curtis Banks Limited to operate a SSAS for us and we appoint Curtis Banks Limited as the Practitioner for the SSAS. We agree to be bound by the Rules and the Terms and Conditions of the SSAS in force from time to time.
- We agree to the appointment of Colston Trustees Limited as a trustee of the SSAS.
- If Curtis Banks Limited and Colston Trustees Limited have been asked to consider the takeover of an existing SSAS, we hereby agree to Curtis Banks Limited carrying out all due diligence and pre-approval work prior to agreeing to the proposed takeover. Curtis Banks Ltd and Colston Trustees Ltd are not duty bound to complete a take-over if there is deemed to be an operational risk to either company.
- We confirm that we have received, read, understood and accepted the Curtis Banks SSAS Key Features Document, Terms and Conditions, schedule of fees and schedule of permissible investments. We understand that we have the opportunity to read the Rules of the SSAS prior to the establishment of the new pension scheme.
- We declare that to the best of our knowledge and belief all statements made in this application form (whether in our handwriting or not) are accurate and complete.
- We agree and consent to Curtis Banks Limited carrying out checks to confirm our identity, residence and source of wealth and we agree to supply all requested information deemed necessary for the purpose of these checks.
- We understand that Curtis Banks Limited will correspond with any introducer identified in the Introducer Section of this application form rather than us directly unless we give written instructions to the contrary.
- We agree to the payment of the agreed introducer's and / or scheme fees as set out in the Introducer Section upon production of an invoice (addressed to the SSAS) at the appropriate time.
- We authorise Curtis Banks Limited to accept investment instructions from any adviser identified in part 4 of this application form until such time as we give written instructions to the contrary.
- We understand that there is no entitlement under the SSAS for the trustees to willfully make Unauthorised Payments (as defined in the Finance Act 2004). We will not carry out any action which could lead to Unauthorised Payments. This also applies to proposed take-overs of existing SSAS's.

### Signed by 2 Directors or a Director and Secretary

Signature

Name

Date

Signature

Name

Date

**This page has been deliberately left blank**



# Member Form

## For the Curtis Banks SSAS



Each member of the SSAS should complete their own Member Form. If the Curtis Banks SSAS is a takeover of an existing SSAS, all members of the existing SSAS should complete one of these forms, including those who have left employment and those members who are in receipt of a pension from the SSAS.

### 1 Personal Details

Please complete all the items in this section

<b>Title</b> Mr/Mrs/Ms/Miss/Other	<input type="text"/>	<input type="checkbox"/> <b>Male</b>	<input type="checkbox"/> <b>Female</b>
<b>Forename(s)</b>	<input type="text"/>		
<b>Surname</b>	<input type="text"/>		
<b>Any other name you have been, or are, known by</b>	<input type="text"/>		
<b>Permanent residential address</b>	<input type="text"/>		
		Postcode	
<b>Date moved to this address</b>	<input type="text"/> Year	<input type="text"/> Month	
<b>Telephone numbers</b>	<input type="text"/> Home	<input type="text"/> Mobile	
<b>Email address</b>	<input type="text"/>		
<b>National Insurance number</b>	<input type="text"/>	<b>Date of birth</b>	<input type="text"/>
<b>Nationality</b>	<input type="text"/>		
<b>Are you married?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	
<b>Are you in a registered civil partnership?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	
<b>Expected retirement age</b>	<input type="text"/>	(If no retirement age is entered, we will assume age 75)	
<b>Are you currently, or likely to be in the future, involved in divorce proceedings, bankruptcy proceedings, or making arrangements with your creditors?</b> (If you answer yes, please provide further information below)	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	
<b>Are you considered to be a politically exposed person?</b> (If you answer yes, please provide further information below)	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	

#### Additional Information

## 2 Identity Verification

Your SSAS application cannot proceed until all documents have been received.

Please supply copies of one item under each of the following headings to verify your identity and residential address:

Identity	Address
Current full passport	Bank/building society/credit union statement or passbook
National Identity card	Council tax bill
Current full UK driving licence	Utility bill (not mobile phone)
HM Revenue & Customs tax notification	Mortgage statement
Firearms certificate	Current full UK driving licence (not if used to confirm identity)
State pension or benefits book/letter	HMRC tax notification (not if used to confirm identity)

Copy documents must be certified by an appropriate person (doctor, lawyer or other professional person) and statements, bills etc must be less than 3 months old (or 12 months for a mortgage or tax bill).

## 3 Status

Please indicate your status by ticking one or more of the boxes below:

1  **Employed** If this applies, please give your employer's details below:

Employer's name

Employer's address

Postcode

2  **Receiving a pension chargeable to tax**

3  **Self-employed (In receipt of profits or gains which are chargeable to tax under Schedule D)**  
If trading under a different name please write it in the box below

Trading name

4  **Caring for one or more children under the age of 16 years**

5  **Caring for a person aged 16 years or over**

6  **In full time education**

7  **Unemployed**

8  **Other**

## 4 Protection

Please indicate if any of the following apply in respect of your benefits before April 2006 (A-Day):

- 1  **Primary or Enhanced Protection on your fund** If yes, then please send us a copy of your protection certificate
- 2  **An enhanced lifetime allowance resulting from divorce**
- 3  **Protected tax free cash in excess of 25% of your fund**

Please indicate if any of the following apply:

- 4  **Fixed Protection**

Please confirm if you have included a copy of the protection certificate issued by HMRC? Yes  No

Or alternatively please provide your online reference number

## 5 Transfers

If you are not transferring funds into your SSAS from other pension plans, please go to section 6.

Please complete this section if you are transferring funds from other pension arrangements into the SSAS, please refer to our Transfer Guidance Notes which are available through our website [www.curtisbanks.co.uk](http://www.curtisbanks.co.uk). **You do not need to complete this section in respect of any existing SSAS which the Curtis Banks SSAS is taking over.**

If you are transferring from more than 2 other plans, please complete further copies of this page and attach to your application.

	1	2
Type of other plan (occupational/personal etc)	<input type="text"/>	<input type="text"/>
Name of provider/scheme	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> Postcode	<input type="text"/> Postcode
Contact name/number	<input type="text"/>	<input type="text"/>
Policy/plan number	<input type="text"/>	<input type="text"/>
HMRC reference number (if known)	<input type="text"/>	<input type="text"/>
Expected transfer value	£ <input type="text"/>	£ <input type="text"/>
Is this the full value of the plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any benefits already in drawdown under the plan?	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NO	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NO
<b>If yes, please provide your P45 once supplied by your existing scheme.</b>		
Is the plan a defined benefits scheme or a scheme with safeguarded benefits, other guarantees or promises?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, has the transfer been recommended by your adviser?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Please complete a "Transfer of Benefits – Safeguarded Benefits" form and return with this application.</b>		
Is this an in-specie transfer? (i.e. does the transfer consist of assets other than cash?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list the types of assets and their values	<input type="text"/>	<input type="text"/>
<b>If transferring an investment portfolio - please also provide an asset list from the investment manager.</b>		
<b>For all other assets - please provide a breakdown of the funds from the provider.</b>		

**Without the above items, the in-specie transfer cannot proceed.**

We will contact the existing provider(s) to arrange the in-specie transfer of the assets listed.

To make a transfer into your SSAS, you should contact the other pension arrangement and request a transfer and ask for their form for this. Part of the form may need to be completed by ourselves, and you should forward it on to us at our address on the front of this application form.

If the other pension arrangement does not have any transfer forms, please contact us and we will issue our own transfer form. If the other pension arrangement is a member of the Origo "Options Transfer" service, transfer forms will not be needed as the transfer will be processed electronically. Your professional adviser will be able to tell you if this applies.

## 6 Beneficiaries on Death

Benefits on death can be paid to a wide range of beneficiaries, including relatives, dependants, a trust, beneficiaries under your Will and anyone specifically nominated by you. The beneficiaries are determined by the administrator of the Scheme, taking account of all the information available on your death.

This form allows the eligible range of beneficiaries to be as wide as possible, and for you to nominate any specific persons who you would like benefits to be paid to on your death. It overrides any previous nomination you may have made. The administrator will be guided by your nomination in determining the actual beneficiaries, but it is not binding on them.

Benefits on death are either a lump sum or income payments. For more details of the benefits payable, please refer to the notes overleaf or our [Benefits](#) guidance notes.

**Please complete this table with details of the person(s) you would like to nominate to receive benefits on your death:**

	Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4
<b>Name</b>				
<b>Address</b>				
<b>Postcode</b>				
<b>Relationship</b>				
<b>% of fund</b>				
<b>Lump sum or income?</b>				

**Please complete this table if you would like to nominate a trust to receive benefits on your death:**

Name of Trust	Trustee names	Copy of trust deed provided?
		YES <input type="checkbox"/> NO <input type="checkbox"/>

### Notes

1. You can nominate any person or organisation to receive benefits – they do not need to be relatives. You can change your nomination at any time by completing a further Expression of Wish form.
2. If you wish benefits to be paid to children under age 18, it may be advisable for benefits to be paid from the Scheme into a trust for their benefit. You should discuss the setting up of a trust with your solicitor and enter the details of the trust above.

**I nominate the persons named above to receive benefits on my death. In addition, to allow the Scheme to pay drawdown income to as wide a range of beneficiaries as possible, for the purposes of the relevant tax legislation, I nominate any individual who is eligible to receive a lump sum on my death. This is so that the Scheme is able to offer drawdown to any such person as an alternative.**

### How this form works

Death benefits can be paid in the form of either a lump sum or drawdown income. Lump sums can be paid to a wide range of beneficiaries, including relatives, dependants, a trust, beneficiaries under a Will and anyone nominated by you. The range of beneficiaries is narrower for drawdown income, unless they have been nominated. For example, an adult child could automatically qualify for a lump sum, but could only receive income if nominated by you.

It is therefore important to ensure that the widest range of persons is nominated for the ability to receive income, so that restrictions do not apply in practice on your death.

### Example

*John nominates his wife as his beneficiary on death. They later divorce and become financially independent. John then dies and his only real beneficiaries are his 2 adult children. Lump sum benefits can be paid to them, but they would not be able to receive an income as they have not been nominated by John.*

To overcome this, the declaration in bold on the front of this form achieves 2 purposes:

- It nominates specific beneficiaries, as set out in the table above, as the persons who you would like benefits to be paid to
- It also nominates, for the purposes of eligibility for a drawdown income, any person who is eligible to receive a lump sum

By this means, drawdown income can be paid to the same range of persons as a lump sum can be paid to, thereby avoiding the risk that drawdown income cannot be paid to someone because they have not been nominated.

## 7 Member Declaration

This declaration should be signed by the person applying for membership of a Curtis Banks SSAS. References to "I" and "you" below are references to the person signing this declaration.

**Your attention is drawn to the Curtis Banks SSAS Key Features Document, Terms & Conditions and Schedule of Fees, upon which we intend to rely. For your own benefit and protection you should read these documents carefully before signing the declaration below.**

**You should read this declaration carefully before signing it. Curtis Banks Limited will rely on your declaration as part of your contract with us. If you do not understand any part of it, please ask us for further guidance.**

### Membership

- I apply for membership of the Curtis Banks SSAS and agree to be bound by the Rules and the Terms and Conditions of the SSAS in force from time to time. I request that the benefits arising from membership be provided for me under the SSAS.
- I agree to my appointment as a trustee of the SSAS and confirm that I will act with my co-trustees in that capacity in accordance with the Rules.
- I confirm that I have received, and been given the opportunity to read and understand the SSAS Application form, the Scheme Rules, Terms and Conditions, Key Features Document, SSAS Fee schedule and schedule of permissible investments within the SSAS.
- I declare that to the best of my knowledge and belief all statements made in this Application Form (including the contents of this declaration) as at the date of completion (whether in my handwriting or not) are correct and complete.
- I agree and consent to Curtis Banks Limited carrying out checks to confirm my identity, residence and source of wealth and I agree to supply all requested information deemed necessary for the purpose of these checks.
- I understand that Curtis Banks Limited will correspond with any Adviser (including employees of the Adviser) identified in the Adviser Section of this application rather than me directly unless I give written instructions to the contrary.
- I consent to my personal data being processed by Curtis Banks Limited in accordance with the Terms and Conditions and current data protection legislation. I consent to personal data being disclosed to any Introducer / Adviser identified in this form either orally or in writing.
- I undertake to inform Curtis Banks Limited in writing within 30 days if:
  - There is a change in my permanent residential address;
  - There is a change in my employment status or in my employer;
  - I cease to be UK resident or I become UK resident again;
  - I cease to have UK relevant earnings;
  - I contribute more than 100% of my earnings to all my pension arrangements in a tax year;
  - Any other event occurs, as a result of which I am no longer entitled to tax relief on pension contributions ; or
  - I lose my right to enhanced or fixed protection.
- I authorise any other pension arrangement of which I am or have been a member to supply to Curtis Banks Limited any information they may reasonably require in connection with the administration of my SSAS.

### Investments

- I authorise Curtis Banks Limited to accept investment instructions from any adviser identified in part 4 of the Scheme Application Form until such time as I give written instructions to the contrary.
- I confirm that I will rely on my own decisions or advice received from my advisers when making investment transactions and I am solely responsible for the outcome of those transactions. I acknowledge that Curtis Banks Limited and Colston Trustees Limited do not give any advice in relation to the SSAS and its investments.

### Contributions

- I understand that there is no entitlement under the SSAS to Unauthorised Payments (as defined in the Finance Act 2004). I will not knowingly carry out any action which could lead to Unauthorised Payments.
- I accept that Curtis Banks is not responsible for checking whether I am subject to the Money Purchase Annual Allowance (MPAA) before accepting contributions and applying for tax relief on personal contributions subject to relief at source being completed beforehand.
- If I am already subject to the Money Purchase Annual Allowance (MPAA), I hereby confirm that the date the MPAA first applied to me is as follows: 

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## Death Benefits

- I would like benefits on my death to be paid out in accordance with Section 6 of the Member Application Form and understand that my nomination is not binding on the trustees.
- I nominate the persons named in Section 6 of the Member Application Form to receive benefits on my death. In addition, to allow the Scheme to pay drawdown income to as wide a range of beneficiaries as possible, I nominate for the purposes of the relevant tax legislation any individual who is eligible to receive a lump sum on my death, so that the Scheme is able to offer drawdown to any such person as an alternative.

## Transfers

- Where funds from other pension arrangements are to be transferred to the SSAS, I consent to the payment of the transfers.
- Declarations to the current provider of the transferring scheme(s)
  - I authorise and instruct you to transfer sums and assets from the plan(s) as listed in Section 5 of the Member Application Form directly to Curtis Banks and to provide any instructions and/or discharge required by any relevant third party to do so.
  - Where you have asked me to give you any original policy document(s) in return for the transfer of sums and assets and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.
  - I authorise Curtis Banks, the current provider and any financial intermediary named in this application to obtain from each other, and release to each other, any additional information that may be required to enable the transfer of sums and assets to Curtis Banks.
  - I authorise Curtis Banks, the current provider and any employer paying contributions to any of the plan(s) as listed in Section 5 of the Member Application Form 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 Curtis Banks.
  - Until this application is accepted and complete, Curtis Banks' responsibility is limited to the return of the total payment(s) to the current provider.
  - Where the payment(s) made to Curtis Banks represent(s) all of the sums and assets under the plan(s) listed in Section 5 of the Member Application Form, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.
  - Where the payment(s) made to Curtis Banks represent(s) part of the sums and assets under the plan(s) listed in Section 5 of the Member Application Form, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s).
- Declaration to Curtis Banks and the current provider of the transferring scheme(s)
  - I promise to accept responsibility in respect of any claims, losses and expenses that Curtis Banks and the current provider may incur as a result of any incorrect information provided by me in this application or any failure on my part to comply with any aspect of this application.
- If I am transferring a capped drawdown arrangement(s) to a flexi-access drawdown arrangement(s), I will be subject to the Money Purchase Annual Allowance (MPAA) from the date of my first flexi-access payment.

Your signature

Your name

Date