





We're here to help should you have any queries. Call us on 0117 457 7784.

This form should be completed by the principal employer to establish a SSAS with Morhart Pension Services Ltd ('Morhart').

The form should be completed in conjunction with a Member Application Form.

Both forms should be sent to:

Morhart Pension Services Ltd Unit G6, Temple 1852 Lower Approach Road Temple Meads Bristol BS1 6QS

If you have any queries regarding the completion of the form, please contact the Morhart team on 0117 457 7784.

Form Sections

- 1 Principal Employer Details
- 2 Principal Employer Directors
- 3 Principal Employer Bank Details
- 4 Participating Employer
- 5 Financial Adviser
- 6 SSAS Name & Contact Details
- 7 SSAS Membership
- 8 Declaration

1 Principal Employer Details

Please complete all details in this section; this will be the principal employer for the SSAS.

| Principal employer name | | | | | |
|--|----------|---|----|------|--|
| Registered office address | | | | | |
| | | | | | |
| | | | | | |
| Trading address | Postcode | | | | |
| Trading address (if different to above) | | | | | |
| | | | | | |
| | Postcode | | | | |
| Telephone number | | | | | |
| Email address | | | | | |
| Accounting date | | | | | |
| Company registration number | | | | | |
| Date established | | | | | |
| Date commenced trading | | | | | |
| Nature of business | | | | | |
| Auditor | | | | | |
| Auditor contact name | | | | | |
| | | | | | |
| Auditor address | | | | | |
| | | 1 | | | |
| Number of employees | Postcode | | | | |
| Number of employees Is the company registered for tax with | | | | | |
| HMRC? | Yes | | No | | |
| PAYE reference | | | | | |
| VAT reference | | | | | |
| Corporation tax reference | | | | | |
| Unique Tax Reference | | | | | |

2 Principal Employer Directors

| If there are more than four direct | ctors of the principal employer, please provide the details separately. | | | | | |
|---|---|--|--|--|--|--|
| Full name | | | | | | |
| Date of birth | | | | | | |
| National Insurance Number | | | | | | |
| Unique Tax Reference | | | | | | |
| Full name | | | | | | |
| Date of birth | | | | | | |
| National Insurance Number | | | | | | |
| Unique Tax Reference | | | | | | |
| Full name | | | | | | |
| Date of birth | | | | | | |
| National Insurance Number | | | | | | |
| Unique Tax Reference | | | | | | |
| Full name | | | | | | |
| Date of birth | | | | | | |
| National Insurance Number | | | | | | |
| Unique Tax Reference | | | | | | |
| 3 Principal Employe | r Bank Details | | | | | |
| To help us verify the source of any future employer related pension contributions, please could you provide us with details of the employers' bank account. | | | | | | |
| Account name | | | | | | |
| Account number | | | | | | |
| Sort Code | | | | | | |
| | | | | | | |

4 Participating Employer

Complete this section if the SSAS will have more than one participating employer. If there will be more than two participating employers, please provide the details separately. Participating employer name Registered office address Postcode Company registration number Number of employees Is the company registered for tax with Yes No HMRC? PAYE reference VAT reference Corporation tax reference Unique Tax Reference 5 Financial Adviser Complete this section if you have a financial adviser. Adviser name Adviser firm Adviser address

Adviser telephone number

Adviser email address

FCA Authorised number

Company registration number

Would you like us to accept investment instructions from the adviser?

Yes

Postcode

No

6 SSAS Name and Contact Details

| | details we will use for all correspondence relating to the SSAS. This car loyee of the Principal Employer, or your financial adviser. | ı be | | | | | |
|---|--|------|--|--|--|--|--|
| SSAS name | | | | | | | |
| Contact name | | | | | | | |
| Address | | | | | | | |
| | Postcode | | | | | | |
| Telephone number | | | | | | | |
| Email address | | | | | | | |
| 7 SSAS Member | ship | | | | | | |
| Please list who will be invited to join the SSAS. All members will need to be trustees of the SSAS. A separate Member Application Form will need to be completed for each individual listed. | | | | | | | |
| Members full name: | | | | | | | |
| | | | | | | | |
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8 Declaration

- We hereby request that Morhart establish a SSAS for us and we appoint Morhart as the Practitioner for the SSAS.
- We declare that the information provided in this application, is accurate and complete.
- We appoint Grace Pension Trustees Ltd ('Grace') as the professional Trustee of the SSAS.
- We confirm that we have received and understood the SSAS Application form, the Scheme Rules, the Terms and Conditions, Key Features and SSAS Fee schedule.
- We understand and acknowledge that Morhart have not provided us with any financial advice in relation to the SSAS or any of its investments.
- We agree and consent to Morhart carrying out checks on the company's identity and address.
- We agree to establish a pension bank account with Cater Allen Private Bank. This will act as the principal bank account for the SSAS.

| Full name | | | |
|-----------|----------|-------------------|--|
| Signature | | | |
| Date | | | |
| Role | Director | Company Secretary | |
| Full Name | | | |
| Signature | | | |
| Date | | | |
| Role | Director | Company Secretary | |