



MEMBER APPLICATION

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

This form should be completed to apply for membership of a SSAS with Morhart Pension Services Ltd ('Morhart') or if we are taking over the administration of an existing SSAS.

The form should be completed in conjunction with the relevant scheme Application Form.

One form should be completed for each member of the SSAS.

All completed forms should be sent to:

Morhart Pension Services Ltd
Unit G8, 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 Personal Details
- 2 Spouse's Details
- 3 Identity Verification
- 4 Transfers
- 5 Death Benefit Nomination
- 6 Declaration

1 Personal Details

Please complete all the questions in this section.

Title				
Forename(s)				
Surname				
Sex				
Date of birth				
Do you have dual nationality?	Yes	No		
<i>If yes, please specify which countries</i>				
National Insurance Number				
Unique Tax Reference Number				
Marital status				
Address				
How long have you lived at this address?	Postcode			
	Years		Months	
Previous address				
<i>(if less than 3 years in address above)</i>				
How long did you live at this address?	Postcode			
	Years		Months	
Telephone number				
Mobile number				
Email				
Date joined principal employer				
Occupation				
Expected retirement age				
Do you have any protection against the Lifetime Allowance?	Yes	No		
<i>If yes, please provide a copy of the protection certificate</i>	Enclosed			

2 Spouse's Details

Please provide details of your spouse if applicable.

Title		
Forename(s)		
Surname		
Sex		
Date of birth		
Address		
Postcode		

3 Identity Verification

To confirm your identity and address, please provide one document under each of the following:

Identity - include one of the following:

Current UK, EEA or Swiss Passport
Current Non-UK, EEA or Swiss Passport
(with valid visa or BRP)
Current UK Driving Licence
HMRC Tax Notification
EEA or Swiss National Identity Card

Address - include one of the following:

Current UK Driving Licence *(unless used to confirm identity)*
Bank/Building Society Statement or Passbook
Utility Bill
Council Tax Bill
HMRC Tax Notification

The documents should either be the originals (which we will return by registered mail) or be certified as a true copy of the original by an appropriate person namely: a solicitor or lawyer, chartered/certified accountant, notary, FCA authorised financial intermediary or police officer).

Bank/Building Society statements should be no older than 3 months of the application form. Mortgage statements and HMRC Tax Notifications should be no older than 12 months of the application.

4 Transfers

Please provide details of any pension schemes which you intend to transfer to the SSAS.

Pension scheme name

Policy number

Pension scheme administrator

Approximate value (£)

Address

Postcode	

Will the transfer be in-specie?
(transfer of assets)

Yes

No

Is the transfer from a Final Salary scheme?

Yes

No

Are retirement benefits being provided by the scheme?

Yes

No

Pension scheme name

Policy number

Pension scheme administrator

Approximate value (£)

Address

Postcode	

Will the transfer be in-specie?
(transfer of assets)

Yes

No

Is the transfer from a Final Salary scheme?

Yes

No

Are retirement benefits being provided by the scheme?

Yes

No

Pension scheme name

Policy number

Pension scheme administrator

Approximate value (£)

Address

Postcode	

Will the transfer be in-specie?
(transfer of assets)

Yes

No

Is the transfer from a Final Salary scheme?

Yes

No

Are retirement benefits being provided by the scheme?

Yes

No

5 Death Benefit Nomination

There are a wide range of beneficiaries who can receive death benefits from the SSAS. Ultimately the benefits are payable at the discretion of the Trustees however, please nominate who you would like to receive death benefits below.

Full name			
Individual	Trust	Relationship	%
Full name			
Individual	Trust	Relationship	%
Total			100%

My wish is that you also consider the following:

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6 Declaration

I hereby apply to be a member of the Morhart SSAS and agree that I will be bound by the Trust, Rules and Terms and Conditions of the SSAS.

- I declare that the information provided in this application, is accurate and complete.
- I confirm that I have received and understood the SSAS Application Form, the Scheme Rules, the Terms and Conditions, Key Features and SSAS Fee schedule.
- I understand and acknowledge that Morhart have not provided me any financial advice in relation to the SSAS or any of its investments.
- I agree and consent to Morhart carrying out checks on my identity and address.
- I provide my consent for Morhart to process my personal data in accordance with current data protection legislation.
- I authorise the Scheme Administrator in section 4 to provide Morhart with any information requested.
- I authorise Morhart to accept the investment instructions as detailed in section 5 of the SSAS Application Form.
- I understand that the nomination of beneficiaries in section 5 above is not binding on the Trustees of the SSAS. In addition, in order pay a pension to a wide range of beneficiaries, I nominate that any person who is eligible to receive a lump sum on my death, is also eligible to receive a pension as an alternative.

Signature	
Name	
Date	