

A large green circle is positioned in the lower right quadrant of the page. It contains the text 'TAKEOVER SSAS APPLICATION' in white, uppercase, sans-serif font. The bottom half of the circle overlaps with a background image of green seedlings growing from the ground.

# TAKEOVER SSAS APPLICATION

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 for Morhart Pension Services Ltd ('Morhart') to take over the administration of an existing SSAS, or alternatively, by the member trustees if the principal employer is no longer involved.**

A Member Application Form will also need to be completed for each existing member of the SSAS.

All 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

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

# 1 Principal Employer Details

**Please complete all the details in this section which relates to the principal employer for the SSAS.**

Principal employer name		
Registered office 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		
	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

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**If there are more than four directors 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 Employer Bank Details

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**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

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**Complete this section if the SSAS has more than one participating employer. If there are more than two participating employers, please provide the details separately.**

Participating employer name	<input type="text"/>	
Registered office address	<input type="text"/>	
	Postcode	<input type="text"/>
Company registration number	<input type="text"/>	
Number of employees	<input type="text"/>	
Is the company registered for tax with HMRC?	Yes	No
PAYE reference	<input type="text"/>	
VAT reference	<input type="text"/>	
Corporation tax reference	<input type="text"/>	
Unique Tax Reference	<input type="text"/>	

## 5 Financial Adviser

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**Complete this section if you have a financial adviser.**

Adviser name	<input type="text"/>	
Adviser firm	<input type="text"/>	
Adviser address	<input type="text"/>	
	Postcode	<input type="text"/>
Adviser telephone number	<input type="text"/>	
Adviser email address	<input type="text"/>	
FCA authorised number	<input type="text"/>	
Company registration number	<input type="text"/>	
Would you like us to accept investment instructions from the adviser?	Yes	No

## 6 Existing SSAS Administrator

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**Please provide details of your existing SSAS administrator.**

SSAS name		
HMRC Scheme administrator		
Administrator address		
	Postcode	
Telephone number		
Email address		
Pension Scheme Tax Reference		
Reference/Policy Number		

## 7 Contact Details

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**These will be the contact details we will use for all correspondence relating to the SSAS. This can be a member, a suitable employee of the principal employer, or your financial adviser.**

Contact name		
Full name		
Address		
	Postcode	
Telephone number		
Email address		

## 8 Declaration

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- We hereby request that Morhart takes over the administration of the SSAS notified in Section 6 of this form and we appoint Morhart as the Practitioner for the SSAS.
- We authorise the administrators notified in Section 6 of this form to provide Morhart with any information requested on the SSAS.
- We declare that the information provided in this application, is accurate and complete.
- We appoint Grace Trustees Ltd ('Grace') as the professional Trustee of the SSAS.
- We confirm that we have received and understood, the SSAS Take Over Application form, the Scheme Rules, the Terms & 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 for Morhart to carry 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

**If the principal employer is no longer involved the form should be signed by the member trustees. If there are more than four member trustees, please arrange for this page to be duplicated and signed accordingly.**

Full name		
Signature		
Date		
Full Name		
Signature		
Date		