



Sponsoring Employer Form for Hornbuckle Mitchell's
Small Self Administered Scheme (SSAS)

SSAS Application Form - Sponsoring Employer

Sponsoring employer details

Name

Address

Postcode

Office (Registered office if applicable)

Daytime Telephone Number

Fax Number

Email

Trading address if different from above

Address

Postcode

Daytime Telephone Number

Fax Number

Email

Employer Status

Limited by guarantee

Unlimited

Limited by liability

Partnership

Other

If other please give details e.g. Self-Employed :

Employer's Verification of Identity Form

Please read the 'Explanatory notes' overleaf before completing this form.

Details of Customer (see explanatory notes)

Full Name of Customer

Type of Entity (corporate, trust, etc)

Location of Business (full operating address)

Registered Office in country of incorporation

Registered Number (if any or appropriate)

Relevant Employer's Registry or Regulated Market Listing Authority

Names of Directors (or equivalent)

Names of Principal Beneficial Owners (over 25%)

Confirmation

I/we confirm that

(a) the information above was obtained by me / us in relation to the customer;

(b) the evidence I/we have obtained to verify the identity of the customer: (tick only one)

meets the guidance for standard evidence set out within the guidance for the UK Finance Sector issued by JMLSG;

or exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

Signed

Name

Position

Date

FSA Number

Details of Introducing Firm (or sole trader)

Full Name of Regulated Firm (or sole Trader)

FSA Reference Number

Explanatory notes:

1. 'Relevant employer's registry' includes other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
 - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
 - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
 - those whose identity has been verified the source of funds as evidence.
3. This confirmation must carry an original signature, or an electronic equivalent.

Financial/Professional Advisor Details (All correspondence will be sent to this address)

Please tell us who your Financial Adviser is:

Person in firm responsible

Company Name

FSA reference number

Company Address

Postcode

Telephone Number

Fax Number

Email

Sponsoring Employer Declaration

This declaration should be signed by sponsoring employer setting up the small self administered scheme.

(This form should be signed by two directors of a limited company or partnership, or a director and a company secretary or by an individual in respect of a self employment).

1. On behalf of the sponsoring employer, we request that Hornbuckle Mitchell Trustees Ltd establish a small self administered scheme (the scheme) and we agree to be bound by the Trust Deed and Rules of the scheme.
2. We understand that Hornbuckle Mitchell Trustees Ltd are the Scheme Administrator and Independent Trustee under the scheme and will therefore be co-owners of all assets held and a co-signatory on any pension scheme bank accounts along with the other member trustee(s).
3. We understand and agree that Hornbuckle Mitchell Trustees Ltd are entitled to charge fees and expenses for administering the scheme. We confirm that we have received a copy of the schedule of fees current at the date of this application and agree to pay the fees as set out in that schedule. We understand that the charges represent Hornbuckle Mitchell Trustees Ltd fees and will not be refunded if the scheme is closed or transferred on any date other than the anniversary date. We also understand that the fees payable in respect of the scheme may be amended or increased from time to time [upon reasonable prior notice].
4. As Hornbuckle Mitchell Trustees Ltd is not a trading company, invoices for fees are issued by and payable to Hornbuckle Mitchell Group plc on behalf of Hornbuckle Mitchell Trustees Ltd.
5. We understand that if fees are not met within 28 days, steps will be taken to recover the outstanding fees and that we will be required to cover all costs associated with the recovery of the fees.
6. We understand and agree that neither Hornbuckle Mitchell Group plc nor Hornbuckle Mitchell Trustees Ltd shall bear any liability for any tax charge, unauthorised payment charge, lifetime allowance charge (or any other charge under the Finance Act 2004) payable by or in respect of the scheme. If any such charge is incurred or such payment is made, we understand and agree that the Hornbuckle Mitchell Group plc and Hornbuckle Mitchell Trustees Ltd shall be entitled to take steps to recover any fees, charges or expenses incurred by them in respect of such liability in the manner described in 5 above.
7. We understand that Hornbuckle Mitchell Trustees Ltd will normally correspond with the Financial/Professional Adviser unless we have requested otherwise.
8. We understand and agree that there will be no earmarking of any assets to particular benefits or members under the scheme.
9. Where the scheme is being taken over, we agree to close the existing scheme bank account and open a new account alongside Hornbuckle Mitchell Trustees Ltd.
10. To the best of our knowledge and belief the statements included in the application are true and complete and we understand that it is an offence to make false statements and that the penalties are severe and could lead to prosecution.

Signed

For and on behalf of (insert company name)

Signed (Director/Self Employed Individual)

Signed (Director/Company Secretary)

Date