



Members Application Form for Hornbuckle Mitchell's  
Small Self Administered Scheme (SSAS)

Please complete this form in black ink and in BLOCK CAPITALS.

**Please note each member must complete a separate application form.**

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# 1 Scheme Details

Name of Scheme	SSAS
Number of Members	

# 2 Personal Details

Title	Forename(s)		
Surname			
Permanent Residential Address			
		Postcode	
Daytime Telephone Number		Evening Telephone Number	
Mobile Number		Email	
National Insurance Number			
Date of Birth	Male	<input type="checkbox"/>	Female <input type="checkbox"/>

Marital Status (please tick one option)

Single  Married  Divorced  Widowed  Civil Partnership

Spouse's / Partner's Name (if applicable)

Spouse's / Partner's Date of Birth

## 2.1 Legal Guardian (If applicant is under the age of 18)

Title	Forename(s)		
Surname			
Permanent Residential Address			
		Postcode	
Daytime Telephone Number		Evening Telephone Number	
Mobile Number		Email	

# 3 Type of SSAS

Is this a takeover SSAS? Yes  No

If yes, please complete the following, if no go to 3.1

The HMRC registration number for the Scheme PSTR

Please list below the assets held by the SSAS (including any borrowing)

Description	No. of units	Inc/Acc Fund	Policy No./ Holder No.	Valuation	Date	Documents Attached?
						Yes <input type="checkbox"/>
						Yes <input type="checkbox"/>
						Yes <input type="checkbox"/>
						Yes <input type="checkbox"/>
						Yes <input type="checkbox"/>
						Yes <input type="checkbox"/>
						Yes <input type="checkbox"/>
						Yes <input type="checkbox"/>

What was the last known fund split?

as at dd/mm/yy

Who is the current administrator?

Name

Address

Telephone Number

Scheme Administrator ID Number

What is your reason for transferring to Hornbuckle Mitchell?

## 3.1 Personal Contributions

How much would you like to pay into your SSAS?

Net single contribution £

Net regular contribution £

Frequency of regular contributions (please tick one option)

Monthly

Annually

Quarterly

Start date for regular contributions

Will your personal contributions be paid to Hornbuckle Mitchell by a third party, other than your company? (please tick one option)

Yes

No

If 'YES' please provide the name and address of the third party

Title	Forename(s)	Surname
Address		
		Postcode
OR Organisation Name		
Address		
		Postcode

Will you be utilising input periods when making the contributions mentioned above?

Yes

No

Input periods are a way of maximising contributions across more than one tax year. Please refer to your Financial Advisor for more information.

You will need to supply documentary evidence of the identity and address of the third party.

If you are paying 'excess' contributions (i.e. an amount above your 100% of earnings to which you are not entitled to receive tax relief), please confirm this to Hornbuckle Mitchell in writing when you submit your application form. We will retain this record for six years.

Please note that cheques are banked on the date of receipt, unless we do not have sufficient information to establish your SSAS, in which case we may return your contribution. Once the contribution has been paid into your SSAS bank account it will not be invested until we received written instructions from you or your financial adviser.

If your employer wishes to make contributions, please ask them to complete Section 5, Sponsoring Employer's Contributions.

# 4 Occupation & Eligibility

## Occupation & Eligibility

Occupation	Approximate annual earnings (if applicable) £
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Please tick **one** of the the following:

<input type="checkbox"/> Employed	<input type="checkbox"/> Pensioner
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Child (the individual is under the age of 16)
<input type="checkbox"/> Caring for one or more children aged under 16	<input type="checkbox"/> Caring for a person aged 16 or over
<input type="checkbox"/> In full time education	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Other (Please specify)	

## Source of Funds

Please tick one or more of the following boxes to indicate how the contributions are being funded:

	Member contribution	Third party contributions
From earnings	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	<input type="checkbox"/>
Lottery or other winnings	<input type="checkbox"/>	<input type="checkbox"/>
Property sale	<input type="checkbox"/>	<input type="checkbox"/>
Gift	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

## 5 Sponsoring Employer's Contributions

To be completed by the employer, who is paying contributions on behalf of a member from their own account or deducting contributions from a member's salary.

Member's Name	
National Insurance No.	
Hornbuckle Mitchell Reference (if known)	
Employer Name	Contact Name
Address	
	Postcode
Telephone	Fax
Email	
<b>Are you deducting the contribution(s) from salary (i.e. net pay arrangement)?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

If 'YES', we will not make a tax reclaim in respect of the contribution(s) made

	Regular Contributions (amount of each regular contribution)	Single Contributions (amount of single contributions)
Company (Gross)	£ <input type="text"/>	£ <input type="text"/>
Intended payment date*	<input type="text"/>	<input type="text"/>

\* Latest date by which Hornbuckle Mitchell must receive the payment.

**IMPORTANT** The intended payment date must be completed in all cases.

Commencement date for regular contributions

Frequency of regular contributions (tick only one) Monthly  Quarterly  Annually

Date employee is paid	Frequency of contributions taken from pay
Date the first contribution will be deducted	Month which the first payment will relate to
Company Representative Signature	
Name	
Position in company	Date

# 6 Money Laundering Certificate

(Must always be completed by your Financial Adviser)

For use by Financial Advisers introducing UK-resident private individuals. Please complete a separate form for all parties to the contract who are required to undertake identification verification.

## 1. Applicant's Details

Title	Forename(s)
Surname	
Address	
	Postcode
Date of Birth	

## 2. Contact type (tick one box only)

<input type="checkbox"/>	Face-to-face	Requires <b>one</b> document from Section 3 below and <b>one</b> from Section 4 below
<input type="checkbox"/>	Non face-to-face	Requires <b>two</b> documents from Section 3 below and <b>two</b> from Section 4 below

## 3. Evidence of Identity

Please tick box relating to evidence seen and either complete details or attach certified copy of documents.

<input type="checkbox"/>	Current Full Passport (signed)		
Passport No.	Country of Issue	Expiry Date	
<input type="checkbox"/>	National ID card		
Card No.	Country of Issue		
<input type="checkbox"/>	Current Full UK Driving Licence or Provisional Photo Driving Licence		
Driving Licence No	Expiry Date		
<input type="checkbox"/>	HM Revenue & Customs (HMRC) Tax Notification		
Tax Ref. No.	HMRC Office		
<input type="checkbox"/>	Firearms Certificate		
Ref. No.	Police Station		
<input type="checkbox"/>	2 of any Bank Credit/Debit/Cheque Cards (from different providers)		
Bank/Building Society Name (1)			
Sort Code (1)	-	-	Account No. (1)
Bank/Building Society Name (2)			
Sort Code (2)	-	-	Account No. (2)

#### 4. Evidence of Address

Please tick box relating to evidence seen and either complete details or attach certified copy of documents.

<input type="checkbox"/> <b>Utility Bill or Annual Statement of Utilities</b> (not mobile phone)	
Ref. No.	Utility Co. Name
<input type="checkbox"/> <b>Current Full UK Driving Licence or Provisional Photo Driving Licence</b> (if not used in section 3)	
Driving Licence No	Expiry Date
<input type="checkbox"/> <b>Bank/Building Society/ Credit Union Statement or Passbook</b>	
Bank/Building Society Name	
Sort Code	Account No.
<input type="checkbox"/> <b>Council Tax Bill</b>	
Ref. No.	Council Name
<input type="checkbox"/> <b>HM Revenue &amp; Customs (HMRC) Document</b>	
Tax Ref. No.	HMRC Office
<input type="checkbox"/> <b>Home Visit by Member of Staff</b>	
Address Visited	
	Postcode
Name of Staff Member who conducted visit	

#### 5. I/We certify that:

- I/we confirm that I/we have verified the identity of the applicant named in section 1 using original documentation specified in sections 3 and 4. I/we confirm also that I/we have sighted the original documents and that any requiring a signature were pre-signed.
- I/we confirm that all documents obtained were current at the time of receipt.

**AND**

- I/we enclose an account opening form completed as requested together with any additional 'know your customer' information.
- I/we confirm that the applicant(s) is/are applying on their own behalf and not as a nominee, trustees or in a fiduciary capacity for any other person.

Full Name of Regulated Firm	
FSA Regulatory No.	Client Name
Signed	
Name	
Position	Date

# 7 Transfers

Please complete this section when making a transfer of pensions held outside the SSAS.  
If you are transferring from more than one existing Pension, please copy this form.  
Please note a SSAS cannot accept Protected Rights.

Name of Pension Company	
Name of Scheme	
PSTR Number	Scheme or Plan Ref Number
Address	
	Postcode

Are you already taking benefits from this scheme? Yes  No

If 'YES', estimated value of fund from which benefits have been taken £

Have you already requested this transfer? (please tick one option) Yes  No

If 'NO' do you want Hornbuckle Mitchell to arrange this transfer? (please tick one option) Yes  No

Is the transfer a Pension credit rights transfer Yes  No

Is the transfer a Death Benefit Lump Sum Rights Yes  No

Is this transfer part of a 'block transfer' within the meaning of Schedule 36 to the Finance Act 2004? Yes  No

If 'YES', please use the space below to provide full details of the transfer and in particular please provide details of any tax free cash entitlement, normal minimum pension age or other such rights/entitlements which may be protected as a result of the 'block transfer' pursuant to Schedule 36 of the Finance Act 2004


# 8 Taking Benefits (please complete if you want to take pension benefits)

Please confirm the type of income that you would like to take:

Income Drawdown (Unsecured Pension)  Alternatively Secured Pension

If Income Drawdown (USP), please confirm

Tax Free Cash required Maximum available  or other £

AND/OR Level of pension required

Nil income Maximum income or specify an amount £  per annum

OR

Combination of Tax Free Cash and pension (Please insert the total amount required per annum) £  per annum

If Alternatively Secured Pension (ASP)

Minimum  Maximum  or specify

If you are transferring a plan already in Income Drawdown, please confirm the level of gross income you wish to take from this transfer (please tick one option)

Maximum income  Nil income   
 Income level between maximum and nil income  £  gross per annum

Before we can pay an income from the SSAS, Hornbuckle Mitchell will require full details about the maximum income you can take, and the level of income already taken in this benefit payment year from the transferring scheme.

Frequency of payment (please tick one option)

Monthly  Quarterly  Annually in advance  Annually in arrears

Are you a basic rate or higher rate tax payer?

Please provide your bank details:

Bank/Building Society

Address

Postcode

Account Name

Sort Code   -   -

Account No.

With regard to the option selected I undertand that:

- the specified number of arrangements be opened and I acknowledge that the Scheme Administrator will be discharged from any further liabilities regarding these arrangements.
- the Scheme Administrator will ensure the income taken from the arrangements in Income Drawdown will be limited to the amount stipulated by the Government Actuary's Department.
- the Scheme Administrator will be responsible for operating a P.A.Y.E system of taxation to the income from arrangements in Income Drawdown and will forward the necessary tax liability to the HMRC. We will require a direct debit mandate to be completed in order to deduct the gross pension from your pension scheme account.
- under current legislation ASP, Scheme Pension or an annuity will have to be secured on 75th birthday.
- the Scheme Administrator cannot be held responsible for insufficient liquidity within the scheme to ensure continuous payment of income derived from arrangements in income drawdown.

## 9 Other Benefits

Have you applied for any of the following (please tick one option)

Enhanced Protection	<input type="checkbox"/>	Certificate Number	<input type="text"/>
Primary Protection	<input type="checkbox"/>	Certificate Number	<input type="text"/>

PLEASE ENCLOSE THE RELEVANT CERTIFICATE(S) WITH THIS FORM

Pre A-day benefits :

Were you receiving benefits on the 5th April 2006 from any pension schemes? Yes  No

If 'YES' please provide details in the boxes below

Name of Pension Scheme	
Name of Scheme Administrator	Maximum Annual Income being £
£	£
Total maximum income being taken £	

Post A-day benefits :

From 6 April 2006, are you in receipt of any benefits from other pension funds? Yes  No

If 'YES' please provide details in the boxes below

Name of Pension Scheme		
Name of Scheme Administrator		
Date Benefits taken	% of Lifetime Allowance*	
	%	%
Total used to date	%	

\* From 6th April 2006, when benefits are taken from a pension scheme, HMRC require the Scheme Administrator to provide you with the information requested once they have calculated the amount of lifetime allowance you have used up under that scheme.

If you have used up your Lifetime Allowance, how would you like your remaining benefits to be paid?

Lump Sum (subject to a 55% tax charge)	<input type="checkbox"/>	Income (subject to a 25% tax charge)	<input type="checkbox"/>
Combination of lump sum and income	<input type="checkbox"/>		

If you have selected combination of lump sum and income – please specify the percentage of the benefits to be used for lump sum and income

Lump Sum	%
Income	%
Total	%

## 10 Expression of Wish

On your death, your remaining Individual Funds (“your funds”) will be applied in accordance with the rules of the Scheme to provide lump sum and/or pension death benefits. The rules give the Independent Trustee (Hornbuckle Mitchell Trustees Limited) wide discretion over the exact form of benefits and the recipients. The benefits will be subject to the tax rules.

If you want the Independent Trustee to consider paying benefits to one or more persons in particular, you should read the general notes at the end of this form, then give details of the persons in the table below and (where you specify more than one person) indicate what percentage of your funds you want to benefit them.

**Please note that your expression of wish will be considered by the Independent Trustee, but is in no way binding on the Trustee.**

Name and Address	Any relationship to you	% of fund

If you would like a trust to receive the lump sum death benefit, please complete the trust details below:

Expression of Wish: Trust	Name of Trust
Name of Trustees	
Date of Trust	
Address of Trust (contact point)	
	Postcode

**PLEASE NOTE:**

HORNBUCKLE MITCHELL CANNOT BE HELD RESPONSIBLE FOR ENSURING A TRUST FULFILS THE PURPOSES FOR WHICH IT WAS INTENDED.

Registered Charity Nomination
Name of Registered Charity
Address of Registered Charity
Postcode

If you die over age 75 with no surviving dependants and have not nominated a charity, the Hornbuckle Mitchell Trustees Limited will pay your fund to one or more of the following Charities:

- British Heart Foundation
- Oxfam
- NSPCC
- Cancer Research
- British Red Cross

# General Notes

(a) What benefits can be paid, and to whom?

- a lump sum can be paid to a wide range of persons including relatives, dependants, beneficiaries of your estate and (most relevant here) any person whom you name in the expression of wish (above):
- a pension can only be paid to a dependant (which includes a spouse / civil partner / child under age 23, or who is dependent on you due to their mental or physical impairment, or anyone else who is financially dependent on you, or with whom you are financially mutually dependent):
- on death before age 75, both lump sums and pensions can be paid. Lump sums are usually free of tax if paid out of "uncrystallised" funds (and within the member's unused lifetime allowance) but are subject to a free-standing 35% tax charge if paid out of "crystallised funds" (which normally means funds being used for income withdrawal), while pensions will be taxed as income in the hands of the recipient:
- on death at or after age 75 in "alternatively secured pension", the only benefits which are "authorised" by the tax legislation are:
  - a pension for dependants, but if there are no dependants.
  - a lump sum to a charity nominated by you or (if you don't nominate any) selected by the Independent Trustee

However, the rules of the Scheme also allow the Independent Trustee to pay lump sums to the same wide range of beneficiaries as on death before 75. The difference is that any such payment is not "authorised" by the tax legislation and thus will incur much greater cumulative rates of tax.

- (b) Where you specify a person who could qualify for either a lump sum or pension, you don't need to express any preference for which they should receive. The Independent Trustee can either decide this itself or let the relevant person decide.
- (c) You may change or withdraw your expression of wishes at any time by notifying the Independent Trustee in writing.
- (d) There are legal and practical difficulties in making payment to dependants under the age of 18. If you wish to provide for minors as potential beneficiaries, you are advised to set up an appropriate trust with your solicitor, (if you do not already have one), and provide the relevant details in the form above. In the absence of such a trust death benefits may be paid to your personal representatives.
- (e) If there is any further information which you think may help the Independent Trustee, please provide it on a separate sheet.

When reading these notes, please bear in mind that:

- References to tax do not include inheritance tax. Currently most lump sum payments on death before age 75 are usually free of inheritance tax, because the recipients(s) are chosen by the Independent Trustee (this is the main reason why this form is an "expression of wish" rather than a binding instruction),
- you can nominate charities and other organisations, not just individuals,
- the notes are intended to be a short and easily understood summary of the rules of the Scheme and very complex tax legislation as at the date of publication. They do not override those rules or legislation and are not a substitute for specific legal advice. The rules and legislation are subject to change in the future.

# 11 Financial Adviser Details

Please tell us who your Financial Adviser is

Person in firm responsible	
Company Name	FSA reference number
Company Address	
	Postcode
Network Name (if applicable)	
Network FSA reference number	

Have you received advice from your adviser in respect of this transaction? Yes  No

On which basis has the sale been transacted? Face to face  At a distance

Is the advisor to receive remuneration by deduction from the fund? (please tick one option) Yes  No

If yes please state

Initial payment	£	or	% of fund	Renewal	£	or	% of fund
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If % of fund, is this to be (please tick one option)

From the gross fund value ignoring outstanding borrowing

From the net fund after deduction of outstanding borrowing

Commission is paid by BACS (please insert your advisor's details)

Bank	Branch
Sort Code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Payment Ref.	
Adviser's Name	
Adviser's Company Name	
Adviser's Signature	Date

#### NOTES

Clauses 5.4 & 6.8 of the Scheme Rules empowers the Trustees to meet all the expenses in connection with the administration, management and investment of the scheme. You should advise the Trustees of any relevant fees to be met by exercising these powers. Renewal fees are paid annually in arrears.

Do you wish to appoint an Investment Manager?

Yes

No

If yes please provide:

Person in firm responsible	Company Name
Company Address	
	Postcode
Regulator and Reference No.	
Telephone	Fax
Email	

**NOTES**

Initially, all of your contributions are placed into your Trustee account at the Bank of Scotland. A minimum balance of £1500 must, in any event, be kept in the account together with any uninvested cash.

## 12 Declaration

**MEMBER DECLARATION:**

**This declaration should be signed by all applicants including the legal guardian of an applicant who is under the age of 18.**

1. I confirm that I have read and understood the Key Features documentation and Hornbuckle Mitchell Group plc's terms and conditions.
2. I agree to be bound by the Trust Deed and Rules and apply to become a member of the small self administered scheme (the scheme) that is being set up.
3. I confirm that I have not been disqualified from acting as a trustee of a pension scheme or as a company director and that I am not an un-discharged bankrupt.
4. I understand that my membership is based on the information disclosed on my application form and the options I have selected, I agree to provide Hornbuckle Mitchell Trustees Ltd with any information reasonably required to administer the scheme and to keep Hornbuckle Mitchell Trustees Ltd informed of any changes in that information. This information should be provided within 30 days of any changes for example to my employment, (including becoming unemployed); to my residency status; to my name or to my permanent residential address.
5. I request that a bank account is opened with the Bank of Scotland for the scheme. I understand that Hornbuckle Mitchell Group plc receive a payment in respect of this bank account.
6. I 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 myself and any other member trustee(s).
7. I understand and agree that Hornbuckle Mitchell Trustees Ltd are entitled to charge fees and expenses for administering the scheme. I confirm that I 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 together with those charges detailed in the Financial/Professional Adviser section of this application. I understand that the charges represent Hornbuckle Mitchell Trustees Limited fees and will not be refunded if the scheme is closed or transferred on any date other than the anniversary date. I also understand that the fees payable in respect of the scheme may be amended or increased from time to time (upon reasonable prior notice).
8. 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.
9. I confirm that I am responsible for ensuring funds are available for the payment of the scheme fees on the due date. If fees are not met within 28 days, I understand and agree that steps will be taken to recover the outstanding fees and that I will be required to cover all costs associated with the recovery of the fees.
10. I authorise Hornbuckle Mitchell Trustees Ltd to realise investments under the scheme in order to pay any monies due relating to scheme fees and/or third party charges payable or pension or death benefits at its sole discretion if I or my advisers fail to give adequate instructions in that respect.

11. I 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, I 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 9 above.
12. I understand that unless I have requested otherwise Hornbuckle Mitchell Trustees Ltd will normally correspond with my Financial/Professional Adviser rather than with me direct.
13. If I am no longer entitled to tax relief on my contributions I will inform Hornbuckle Mitchell Trustees Ltd in writing either within 30 days of the occurrence or by the end of the tax year in which this occurs.
14. I confirm that I will not claim tax relief on contributions made in a tax year to the scheme which, when aggregated with any contributions made to any other registered pension schemes, are over and above the higher of:
  - the 'basic amount' (currently £3,600),
  - or my 'relevant UK earnings' and if these are higher than the annual allowance, I understand that I will incur tax charges on the excess through self assessment.
15. I also confirm that if I intend making contributions that are not to benefit from tax relief (for example "excess" contributions), I will inform Hornbuckle Mitchell Trustees Ltd in writing.
16. I request Hornbuckle Mitchell Trustees Ltd to appoint the Investment Manager nominated in the application if applicable, but fully understand and agree that I (or my Financial/Professional Adviser acting on my behalf), together with any other member trustees (if applicable) are solely responsible for all decisions relating to the purchase, retention and sale of the investments forming part of the pension scheme and that Hornbuckle Mitchell Trustees Ltd and the Hornbuckle Mitchell Group plc are jointly indemnified out of the assets of the scheme (or if these are not sufficient, by me) against any claim in respect of such decisions.
17. I request that Hornbuckle Mitchell Trustees Ltd arranges for the payment of benefits set out in the Benefit Payment section of this application and I understand that the income will be limited to the amount stipulated by the Government Actuary's Department, although I may change the level of income taken within these limits during each payment year.
18. I understand that:
  - My pension is taxed as income and Hornbuckle Mitchell Group plc will be responsible for operating a P.A.Y.E system and will forward the necessary tax liability to the HM Revenue & Customs (HMRC).
  - Under current legislation an alternatively secured pension or an annuity will have to be secured on or after my 75th birthday.
  - If I take a pension commencement lump sum as the means to increase contributions significantly to my SSAS it will be treated as 'recycling' under certain circumstances by the HMRC, and the lump sum will be defined as an unauthorised member payment.
  - Hornbuckle Mitchell Trustees Ltd cannot be held responsible for insufficient liquidity within the pension scheme to ensure continuous payment of benefits.
19. If appropriate Hornbuckle Mitchell Trustees Ltd has my authority to check with HMRC the details of any certificate which I supply which protects my fund against the lifetime allowance limits.
20. The surviving Trustees have absolute discretion but, in the event of my death, I should like the beneficiaries named on the Expression of Wish form to be the recipient of any fund available.
21. I understand and agree that I will only request benefits to be paid that are within the current HMRC rules at the time of the request.
22. I understand and agree that there will be no earmarking of any assets to particular benefits or members under the scheme.
23. 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.
24. To the best of my knowledge and belief the statements included in the application are true and complete and I understand that it is an offence to make false statements and that the penalties are severe and could lead to prosecution.
25. I confirm I have read and agree to the notes in the Appendix.

**DATA PROTECTION ACT STATEMENT**

The information on this form and any supplementary information provided by me and/or my nominated advisers will be used by the Hornbuckle Mitchell Group Plc/Hornbuckle Mitchell Trustees Limited to:

1. Set up and administer my Small Self Administered Scheme.
2. Send me information relating to my Small Self Administered Scheme.
3. Share my details with other companies within the Hornbuckle Mitchell Group plc and their associated companies so that they may provide administration services in respect of my plan.
4. Pass my details to market research organisations for the purpose of confidential market research surveys.

If you do not want to receive marketing information or do not wish your details to be released to market research organisations, please tick this box

You have the right under the Data Protection Act 1998 to access information held about you by The Hornbuckle Mitchell Group plc upon payment of a fee. An information sheet is available on request.

I agree to the terms and conditions in the Declaration and the Data Protection Statement.

Signed	Date
Print Name	

## 13 Appendix

The application form acts as part of your application for membership of the small self administered scheme that is currently being set up.

- The details given in this Appendix are for guidance. The descriptions and definitions which apply are those in the legislation. If you are in any doubt, you should contact a Financial/Professional Advisor, the Scheme Administrator, your Accountant or, where appropriate, your Inspector of Taxes.
- HMRC is an acronym for Her Majesty's Revenue & Customs.
- The small self administered scheme (the 'Scheme') is a registered pension scheme for the purposes of Part 4 of the Finance Act 2004 and is made up of 1,000 segments per member, which are held within one or more 'arrangement(s)' for the purposes of the Act. If you transfer benefits that you are already receiving into the Scheme (either as an unsecured pension or alternatively secured pension) these funds will be held in separate Arrangements to any other funds you hold under the Scheme.
- The 'Scheme' means the total value, under all your Arrangements, of the contributions paid and any transfer payments or credits accepted into the small self administered scheme plus investment returns minus fees.
- The Scheme is governed by a trust deed and rules (called the 'Trust Deed' and 'Rules' respectively), as amended by any subsequent deeds. Hornbuckle Mitchell Trustees Ltd are the scheme administrator and along with you, as a member, are the Trustees of the Scheme. A copy of the trust deed and rules can be provided to you on request.
- A bank account is opened with the Bank of Scotland plc, who are registered in Scotland SC327000 and whose registered office is The Mound, Edinburgh EH1 1YZ. The account is opened under your Scheme to accept deposits and hold monies until investments are made. The terms and conditions of the Bank of Scotland account are available on request. You must maintain a cash balance of at least £1,500 in the bank account.
- All monies received into the scheme by way of contributions and/or transfers of pension benefits from other providers into the Scheme by you or on your behalf shall be apportioned equally between your 1,000 segments that, at the time of the contribution or transfer, are not in drawdown.
- You may nominate one or more, Financial/Professional Advisers or Investment Managers to act in respect of your Scheme. Hornbuckle Mitchell Trustees Ltd and the Hornbuckle Mitchell Group plc do not accept any liability for the choice of the Financial/Professional Advisers or Investment Managers nor will we provide investment advice or act as an Investment Manager. You or your Financial/Professional Adviser must direct the manner in which the funds within your Arrangements are to be invested. Hornbuckle Mitchell Trustees Ltd and The Hornbuckle Mitchell Group plc cannot accept any liability for any decisions relating to the purchase, retention and sale of the investments within your Scheme.
- Where you wish to invest in commercial property/land Hornbuckle Mitchell Trustees Ltd will require:
  - A completed property application form.
  - The appointment of a Property Manager, which can be the one of the members of the Scheme.
  - Documentation in respect of the property purchase and borrowing must be in the name of all of the Trustees of the Scheme.
  - An environmental report be carried out, which we will organise, however we require payment of the fee due in advance of requesting the report. Any recommendations in the report must be carried out prior to exchange of contracts. The cost of the report and recommendations will be classed as a property expense and therefore payable by the Scheme.
  - The liability of Hornbuckle Mitchell Trustees Ltd and Hornbuckle Mitchell Group plc, with regards to the property purchase and borrowing, will be limited to the assets of your Scheme.
  - The property is to be insured. The Tenant is responsible for repaying the insurance premiums to the Landlord once insurance is in place.
- If you are not satisfied with any element of the services provided by us, you should write to the office that administers your scheme and it will be dealt with in accordance with our complaints procedure, a copy of which is available on request.
- The small self administered scheme will be governed by and constructed in accordance with the laws of England & Scotland. The courts are to have exclusive jurisdiction to settle any disputes or claims that may arise out of or in connection with your membership of the small self administered scheme. Hornbuckle Mitchell Trustees Ltd and you, as co trustee and member of the Scheme, agree to submit to the exclusive jurisdiction of the courts.

# Contact

If you have any questions or would like any further information, please contact us at one of the following regional offices.

## **SCOTLAND & NORTHERN IRELAND**

4 Albyn Place, Edinburgh EH2 4NG

**T** 0131 220 0353

**F** 0131 220 0369

**E** [scotland@hornbuckle.co.uk](mailto:scotland@hornbuckle.co.uk)

## **NORTH**

Cotton Court, Middlewich Road, Holmes Chapel,

Cheshire CW4 7ET

**T** 0845 345 7505

**F** 01477 539209

**E** [north@hornbuckle.co.uk](mailto:north@hornbuckle.co.uk)

## **MIDLANDS & SOUTH (HEAD OFFICE)**

Tyman House, 42 Regent Road, Leicester LE1 6YJ

**T** 0845 345 2555

**F** 0116 254 3342

**E** [midlands@hornbuckle.co.uk](mailto:midlands@hornbuckle.co.uk)

## **LONDON OFFICE**

**T** 0845 124 5394

**E** [london@hornbuckle.co.uk](mailto:london@hornbuckle.co.uk)

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