



**SEGMENTED SOLUTIONS LTD**

**MEMBER APPLICATION FORM**

**JULY 2025**

## SSAS NEW MEMBER APPLICATION

Please TYPE your answers into this form and email a digital copy to us before printing and signing the final version which you will need to post to us. Also – please double check HMRC has the SAME information about you, such as ADDRESS (Moved recently?) and NAME (Married recently?) as these are sometimes out of date with HMRC and can result in your Application being rejected.

Scheme Name:	
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Member/Trustee <b>FULL</b> Name: <i>(Include all middle names)</i>		
Date of Birth:		
NI Number:		
Nationality <b>AND</b> Country of Birth:		
Unique Tax Reference (UTR): <i>(10 Digits, sometimes with a K on the end)</i>	<i>If you do not have a UTR then add a note as to why – i.e “Never had to do self-assessment”.</i>	
Shareholding in Sponsoring Employer (%)		
<b>Residential Address</b>		
<i>Please include date moved in. If this was LESS than 12 months ago, please add a note showing your previous address.</i>		
Address Line 1		
Address Line 2		
Address Line 3		POST CODE:
County:		DATE MOVED IN:
Telephone:		
Email:		

### **Where the Member is a Female:**

**Please ensure to add their preferred designation - Mrs, Ms or Miss.**

Please provide details below of any existing pensions that you wish to transfer into your SSAS – at this stage we do not need all the full details to be finalised – we just need to have an idea as to what is planned and what type of transfers are being proposed:

<b>1<sup>st</sup> Transfer Value:</b>	
Plan/Policy Number:	
Type of Scheme (Defined Contribution or Defined Benefit):	
Scheme Name:	
Provider Name and Address:	
<b>Estimated Transfer Value:</b>	£

<b>2<sup>nd</sup> Transfer Value:</b>	
Plan/Policy Number:	
Type of Scheme (Defined Contribution or Defined Benefit):	
Scheme Name:	
Provider Name and Address:	
<b>Estimated Transfer Value:</b>	£

<b>3<sup>rd</sup> Transfer Value:</b>	
Plan/Policy Number:	
Type of Scheme (Defined Contribution or Defined Benefit):	
Scheme Name:	
Provider Name and Address:	
Estimated Transfer Value:	£

In-Specie Transfers:		
Asset Type (Commercial Property/Stock/Trading Account etc)	Asset Name	Value
		£
		£
		£
		£

# EXPRESSION OF WISHES

I understand that due to the nature of the Scheme and upon my death, any residual benefits held within the Scheme that are attributable to me, will be distributed to my beneficiaries at the sole discretion of the remaining Trustees of the Scheme and as such, the Expression of Wish that I provide cannot be a legally binding document but will be taken into consideration. In the event of my death, I wish for the Trustees to distribute my remaining fund to the following Individuals, Charities or Trusts:

Name:	
Relationship to Me:	
Scheme Name:	
Beneficiary Address:	
Percentage or Amount	

Name:	
Relationship to Me:	
Scheme Name:	
Beneficiary Address:	
Percentage or Amount:	

### Expression of Wishes Continued....

Name:	
Relationship to Me:	
Scheme Name:	
Beneficiary Address:	
Percentage or Amount:	

Name:	
Relationship to Me:	
Scheme Name:	
Beneficiary Address:	
Percentage or Amount:	

*If you wish to nominate more than 4 beneficiaries, please copy this page.*

## NEW MEMBER DECLARATION

I declare that:	
To the best of my knowledge and belief, the details I have provided on this form are correct and complete.	YES/NO
I consent to the lawful use of my personal information by those individuals, companies and other relevant parties, for the sole purpose of the administration and management of the Scheme.	YES/NO
I wish to accept my invitation to join the Scheme.	YES/NO
I wish to be appointed as a Trustee of the Scheme and agree to be bound by the rules of the Scheme, as defined in the current governing Trust Deed and Scheme Rules.	YES/NO
I understand that as a Trustee of the Scheme I may, through the course of my duties, handle other parties' personal information and I agree to do so lawfully.	YES/NO
I have not been removed or forbidden from acting as a Trustee by either; The Pensions Regulator or a Court of Law.	YES/NO
I am an undischarged bankrupt and/or have been banned from being a Director.	YES/NO
If 'YES' please add notes here:	
I have the ability to contract.	YES/NO
I undertake to inform you in writing immediately if: <ul style="list-style-type: none"> <li>• I change my permanent residential address; or</li> <li>• I change my residency status; or</li> <li>• I am made bankrupt or Banned from being a Director</li> </ul>	YES/NO
Member's/Trustee's Signature	
Date:	

**Once completed and before printing & signing please email this form to:**

[SSAS@segmentedsolutions.co.uk](mailto:SSAS@segmentedsolutions.co.uk) **Then Also** print, sign and send an original in the post, the postal address is:

**Segmented Solutions Ltd**

The Mansley Business Centre, Timothy's Bridge Road, Stratford Upon Avon,  
Warwickshire, CV37 9NQ