



SEGMENTED SOLUTIONS LTD

TRUSTEE ONLY APPLICATION FORM

JANUARY 2026

SSAS NEW TRUSTEE 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 as these are sometimes out of date with HMRC and can result in your Application being rejected.**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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Trustee FULL Name: <i>(Include all middle names)</i>		
Date of Birth:		
NI Number:		
Nationality AND 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>	
Residential Address		
Please include date moved in. If this was LESS than 12 months ago, please add a note showing your previous address.		
Address Line 1		
Address Line 2		
Address Line 3		POST CODE:
County:		DATE MOVED IN:
Telephone:		
Email:		

Where the Trustee is a Female:

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

NEW TRUSTEE 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 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.	
I undertake to inform you in writing immediately if: <ul style="list-style-type: none"> • I change my permanent residential address; or • I change my residency status; or • I am made bankrupt or Banned from being a Director 	
Trustee's Signature	
Date:	

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

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