



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 as these are sometimes out of date with HMRC and can result in your Application being rejected.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.	YES/NO
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 	YES/NO
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,
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