

MEMBER INFORMATION FORM

Use this form to tell Wensley Mackay Ltd about the Member of the SSAS. This information will allow us to draw up your SSAS Trust Deed. We need one form for each member of the SSAS.

We also need the "Company Information Form" (if the sponsoring employer is a company), **or** the "Partnership Information Form" (if the sponsoring employer is a partnership).

A PERSONAL DETAILS

Title <i>(Mr/Mrs/Ms/Miss/Other)</i>	<input type="text"/>	Surname	<input type="text"/>
Forename(s)	<input type="text"/>		
Date of Birth	<input type="text"/>	Occupation	<input type="text"/>
National Insurance Number	<input type="text"/>	Gender	<input type="text"/>
Permanent Residential Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Home Telephone Number	<input type="text"/>	Work Telephone Number	<input type="text"/>
E-mail Address	<input type="text"/>	Mobile Telephone Number	<input type="text"/>
Marital Status	<input type="text"/>	Spouse's/Partner's Name	<input type="text"/>
Expected Pension Age <i>(between 50 and 75)</i>	<input type="text"/>	Spouse's/Partner's D.O.B	<input type="text"/>

Please give details of current earnings on which your contributions will be based

£

p.a.

Name of Employer:	<input type="text"/>
Date of Commencement with Co.	<input type="text"/>
If Shareholding Director, specify % of shares held	<input type="text"/>

B EXISTING PENSION DETAILS

Please provide us with details of any pensions you already have.

Scheme Name	Policy Number	To be Transferred In		Fund Value <i>Non-Protected Rights only</i>
1.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

C LIFE ASSURANCE DETAILS

Please provide us with information about any existing pension-related life assurance you have.

Name of Scheme	Provider Name	Death Benefit

We need one of these forms for each member of the SSAS. Please forward this completed form, along with the Company Information Form **OR** the Partnership Information Form and the other Member Information Forms (if appropriate), to:

Wensley Mackay Limited, 12 Market Place, Cockermouth, Cumbria. CA13 9NQ.