



THE ITC SSAS

APPLICATION PACK

Application Form

Personal Details

Title		First name	
Surname		Date of Birth	
Marital status		Gender	

(If divorced, please provide a copy of the Pension Adjustment Order)

Contact Details

Address			
Email Address			
Home Tel.		Work Tel.	
Mobile		Fax	

Advisor Details

Advisor		Telephone	
Advisor Company		Fax	
Address		Email	

Occupational Status

Occupation		Job Title	
Total Remuneration (include salary, BIK etc)	€	Date Employment Commenced	
PPS Number		% Shares held in Employer Co.	(a) Self: (b) Spouse:

Value of Existing Pension Benefits *(include all Pension Types e.g. Personal, Occupational, PRSA, ARF etc.)*

Life Assurance Company	NRA on Scheme	Full Scheme Name	Policy No	Transfer Value	Personal or Occupational Pension?	In respect of previous or current employment	To be transferred to SSAS
1.				€			Y <input type="checkbox"/> N <input type="checkbox"/>
2.				€			Y <input type="checkbox"/> N <input type="checkbox"/>
3.				€			Y <input type="checkbox"/> N <input type="checkbox"/>
4.				€			Y <input type="checkbox"/> N <input type="checkbox"/>
5.				€			Y <input type="checkbox"/> N <input type="checkbox"/>

Employer Details

Name		Tax Number	
Registered Office		Company Year End	
		Telephone	
Trading Address		Fax	
		Email Address	

Contribution Details

	Employer	Employee	Total
Single Contribution			
Regular Contribution			

Regular Contribution Frequency: Monthly Quarterly Half Yearly Annually

Special Instructions and Additional Information

(Additional Information - service with previous related companies, banking, investment and risk benefit details if relevant separate sheets where necessary).

Address to which correspondence should be sent

Home Trading Employer

Notes

1. Your spouse and children are automatically included as dependents unless special instructions to the contrary are received.
2. The Pensioner Trustee is Independent Trustee Company Ltd. The member will be included as the other trustee unless alternative instructions are received.
3. Full vested rights are given unless we are otherwise advised.
4. The Transfer Value of existing Pension Benefits is for calculation purposes.

Declarations

1. I confirm that I have completed the within application form to the best of my knowledge, ability, and belief, and the form shall be the basis of the contract between me and Independent Trustee Company Ltd.
2. I acknowledge that my SSAS set up will commence when Independent Trustee Company Ltd has received and accepted a fully completed application form and that my SSAS can be submitted to the Revenue Commissioners for approval only when all documentation and information requested has been provided to Independent Trustee Company.
3. I am aware that there is a fee payable to Independent Trustee Company Ltd in respect of the SSAS set up and submission to Revenue and I agree that Independent Trustee Company Ltd may deduct this fee by direct debit having given me one month's notice of the fee payable (DD mandate must be completed and enclosed).
4. If I do not complete a direct debit mandate or if it cannot be drawn upon for any reason, I hereby authorise Independent Trustee Company Ltd. to deduct the annual management fee from my operating account without further authorisation. I understand the VAT element of the fee cannot be recovered by the pension trust.

Signature of Applicant:

Date:

By ticking this box I confirm I do not wish to receive any marketing communication from Independent Trustee Company.

I confirm our instructions for ITC to:

- establish a small self-administered pension scheme (SSAS)
- administer the scheme once approval has been obtained from the Revenue Commissioners, and
- act as pensioner trustee of the scheme

We acknowledge that your services will be provided in accordance with ITC's terms of engagement for small self-administered pensions scheme, a copy of which has been provided to and read by us.

Signature of Director of Employer Company:

Date:

For office use only

A	B	C	Annual	AM
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SEPA Direct Debit Mandate

By signing this mandate form, you authorise (A) Independent Trustee Co Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Independent Trustee Co Ltd.

As part of your rights, you are entitled to a refund from your bank under the terms & conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Unique Mandate Reference (To be completed by ITC)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CREDITOR ID: IE60ZZZ304114	
Creditor Name: Independent Trustee Co Ltd	
Creditor Address: Harmony Court, Harmony Row, Dublin 2, Ireland.	

Please complete parts 1 to 3 to instruct your Bank to make payments directly from the employer bank account

1. Customer Details

Client Name:	<input type="text"/>
Account Name (account holder):	<input type="text"/>
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>

2. Account Numbers

IBAN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BIC	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. Type of Payment (Please tick ✓)

Recurrent:	<input checked="" type="checkbox"/>	One-off Payment:	<input type="checkbox"/>
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----- Authorised Account Signature:	----- BLOCK CAPITALS	----- Date of Signing:
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Please return the completed form to:

Independent Trustee Company Limited, Harmony Court, Harmony Row, Dublin 2.

Independent Trustee Company Limited, as part of the ITC Group, is regulated by the Central Bank of Ireland.

ITC SSAS Application Checklist

1. Proof of ID (one of the following)

Check

- a. Current (i.e. in date) and valid passport
- b. Current, full and valid driving license

Certified as a true copy of the original and dated by an Accountant, Solicitor, Garda or Regulated entity based in Ireland.

2. Proof of address (Two of the following & less than 3 months old from the issue date)

Check

- a. A recent Utility Bill for the client's home address such as landline phone, gas and electricity
- b. Bank / Building Society / Financial institution statement
- c. Revenue documents (these three only):
 - i. Tax Credit Statement
 - ii. Revenue Balancing statement
 - iii. Revenue C2 Tax Certificate
- d. Household / Motor Insurance (certificates only)

Certified as a true copy of the original and dated by an Accountant, Solicitor, Garda or Regulated entity based in Ireland.

3. Most recent P60

Check

If a copy, certified as a true copy of the original and dated by an Accountant, Solicitor, Garda or Regulated entity based in Ireland.

Independent Trustee Company Limited
Harmony Court
Harmony Row
Dublin 2

Tel: (01) 661 1022
Fax: (01) 661 1024
Email: info@independent-trustee.com

SA 100.1.0
Effective from March 2016

www.independent-trustee.com



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Please note that the provision of this product or service does not require licensing, authorisation, or registration with the Central Bank of Ireland and, as a result, it is not covered by the Central Bank's requirements designed to protect consumers or by a statutory compensation scheme.