

## Existing Small Self-Administered Scheme (SSAS) Share Dealing Account Application



**Who should complete this form?**

This form should only be completed if you wish to establish a Beaufort Share Dealing Account for an existing Small Self-Administered Scheme (SSAS).

Please fill in the details we ask for (apart from those that are clearly not applicable). The Trustee(s) must complete and sign this application form.

Please return your completed form to: **Beaufort Securities, 131 Finsbury Pavement, London, EC2A 1NT.**

Beaufort Securities can only accept applications from HM Revenue & Customs (HMRC) registered schemes.

**Please complete in BLOCK CAPITALS.**

### Section 1 - Scheme name

Scheme name

Scheme correspondence address





Postcode

HMRC registration number

Please note we require a certified copy of the Acknowledgement of Registration issued by HMRC.

The Correspondence address will receive details of transactions and corporate actions. All Sterling assets will be held on behalf of the Trustee(s) as the legal owner(s) within our nominee account and monies will only be accepted or remitted in accordance with Trustee's instructions.

### Section 2 - Employer

Company Name

Registered office address





Postcode

Nature of business

Industry in which the company operates

Countries in which the company trades (if outside the UK)



Countries in which the company operates (if outside the UK)



Company registration number

If Regulated - FCA registration number

### Section 3 - Professional Trustee details (if applicable)

Title	<input type="text"/>	Contact person(s)	<input type="text"/>
Name	<input type="text"/>		<input type="text"/>
Address	<input type="text"/>	FCA or HMRC registration No.	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>	Phone Number	<input type="text"/>
Postcode	<input type="text"/>	Email Address	<input type="text"/>

#### If Professional Trustee is an individual, please complete below

Title	<input type="text"/>	National Insurance No.	<input type="text"/>
Name	<input type="text"/>	Please tick this box if you do not have a National Insurance No.	<input type="checkbox"/>
Address	<input type="text"/>	Do you pay Income Tax?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="text"/>	Which country are you resident in for tax purposes?	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Postcode	<input type="text"/>	Date of birth	<input type="text"/>
Phone Number	<input type="text"/>		
Email Address	<input type="text"/>		

### Section 4 - Administrator details (if applicable)

Company Name	<input type="text"/>	Contact person(s)	<input type="text"/>
Address	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Company number (if applicable)	<input type="text"/>
	<input type="text"/>	FCA or HMRC registration No.	<input type="text"/>
Postcode	<input type="text"/>	Phone Number	<input type="text"/>
		Email Address	<input type="text"/>

#### If the administrator is a Trustee, please complete below

Title	<input type="text"/>	National Insurance No.	<input type="text"/>
Name	<input type="text"/>	Please tick this box if you do not have a National Insurance No.	<input type="checkbox"/>
Address	<input type="text"/>	Do you pay Income Tax?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="text"/>	Which country are you resident in for tax purposes?	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Postcode	<input type="text"/>	Date of birth	<input type="text"/>
Phone Number	<input type="text"/>		
Email Address	<input type="text"/>		

## Section 5 - Trustee(s) details

**Service Level:** Execution-only  Advisory  Discretionary   
(Tick one)

### Trustee

Title

Name

Permanent residential Address

Postcode

Contact person(s)

Phone number

Email Address

National Insurance No.

Please tick this box if you do not have a National Insurance No.

Do you pay Income Tax? Yes  No

Which country are you resident in for tax purposes?

Nationality

Date of birth

### Trustee

Title

Name

Permanent residential Address

Postcode

Contact person(s)

Phone number

Email Address

National Insurance No.

Please tick this box if you do not have a National Insurance No.

Do you pay Income Tax? Yes  No

Which country are you resident in for tax purposes?

Nationality

Date of birth

### Trustee

Title

Name

Permanent residential Address

Postcode

Contact person(s)

Phone number

Email Address

National Insurance No.

Please tick this box if you do not have a National Insurance No.

Do you pay Income Tax? Yes  No

Which country are you resident in for tax purposes?

Nationality

Date of birth

If there is not enough space on this form for all Trustees, please copy this page and complete accordingly.  
If any of the Trustees are required to report their trades to their employer, please notify us of this once the account is open by calling our Client Service team on 020 7382 8300.

## Section 7 - Scheme bank account details

Please provide scheme bank account details where funds will be transferred to and from.

Name of Bank	<input type="text"/>
Name of Scheme Bank Account	<input type="text"/>
Sort Code	<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"/>
Account Number	<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"/>
Initial Size of Deposit	£ <input type="text"/>

**Please note we require an original bank statement no older than six months, which confirms the Scheme name, sort code and account number.**

## Declaration & Authority

I/we confirm that we are the trustee(s) acting on behalf of the scheme detailed in Section 2 of this form. I/we accept the SSAS Share Dealing Account Terms and Conditions.

I/we confirm that the information given is true and complete and authorise you to make any credit reference and other enquiries in accordance with your normal procedures in connection with this application. I/we understand that credit reference agencies record searches and that information they record may be used by other lenders assessing credit application from us and members of my household and for debt tracing.

If you provide false or inaccurate information and a fraud is identified we will pass this information onto the fraud prevention agencies.

To the extent required to comply with the governing provisions of the Scheme, we confirm that power for any one trustee of the Scheme to give instructions to Beaufort Securities has been validly granted or delegated under those governing provisions. For the avoidance of doubt, Beaufort Securities is entitled to rely on any instruction provided using the security information it requires from time to time. We acknowledge that if we want to appoint a User to issue instructions on our behalf, we must provide such information relating to that User as Beaufort Securities may from time to time require.

## Professional Trustee (if applicable)

**Name(s) and positions**

**Read-only access including:**

- Viewing the selected accounts online
- Receiving information about selected accounts by telephone

**Dealing authority access including:**

- Selling any investments
- Purchasing any investments
- Giving any necessary instructions in the event of corporate actions on these investments

**Signature**

**Date**

## Declaration & Authority (continued)

### Administrator Authorised Signatory

Name(s) and positions

**Read-only access including:**

- Viewing the selected accounts online
- Receiving information about selected accounts by telephone

**Dealing authority access including:**

- Selling any investments
- Purchasing any investments
- Giving any necessary instructions in the event of corporate actions on these investments

Signature

Date

### Trustee

Name(s) and positions

**Read-only access including:**

- Viewing the selected accounts online
- Receiving information about selected accounts by telephone

**Dealing authority access including:**

- Selling any investments
- Purchasing any investments
- Giving any necessary instructions in the event of corporate actions on these investments

Signature

Date

## Declaration & Authority (continued)

### Trustee

Name(s) and positions

**Read-only access including:**

- Viewing the selected accounts online
- Receiving information about selected accounts by telephone

**Dealing authority access including:**

- Selling any investments
- Purchasing any investments
- Giving any necessary instructions in the event of corporate actions on these investments

Signature

Date

### Trustee

Name(s) and positions

**Read-only access including:**

- Viewing the selected accounts online
- Receiving information about selected accounts by telephone

**Dealing authority access including:**

- Selling any investments
- Purchasing any investments
- Giving any necessary instructions in the event of corporate actions on these investments

Signature

Date

Please note the above declarations must be signed by all Trustee(s)

### Checklist

A certified copy of HMRC's Acknowledgement of Registration

An original bank statement no older than three months, which confirms the Scheme name, sort code and account number, as per section 7.

Direct Debit Instruction for fees

**Beaufort Securities Ltd, 131 Finsbury Pavement, London, EC2A 1NT T: +44 (0)20 7382 8300 | [www.beaufortsecurities.com](http://www.beaufortsecurities.com)**

Beaufort Securities Ltd. is authorised and regulated by the Financial Conduct Authority (FCA Register No. 155104), and is a member of the London Stock Exchange. Clearing and Settlement is provided by Beaufort Asset Clearing Services which is authorised and regulated by the Financial Conduct Authority (FCA Register No. 485165), and is a member of the London Stock Exchange, ISDX & GXG Markets. Registered in England and Wales No. 06637499