**APPLICATION FOR ELECTION TO MEMBERSHIP BY A COMPANY**

Having completed the questionnaire which forms part of this application, and the Certificate and Undertaking below, we hereby apply for election as a Member of the Society of Pension Professionals (SPP) and, if elected, AGREE to comply with the Articles of Association of SPP.

We AGREE that the decision of Council on this application shall be final.

**Name of Organisation ..........................................................................................................……….**

**Address....................................................................................................................................……..**

**...................................................................................................................................................……..**

**Telephone No...............………..Fax No…………………….Email ………….……………………...….**

**Representative.........................................................................................................................……..**

*(see Article 3(g) of the Articles of Association)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***CERTIFICATE BY APPLICANT***

We hereby certify that .......................................................................................................................

(name of organisation)

(a) is, and has been for a period of not less than three consecutive years, directly involved in

pension functions, under at least one of the activities listed in Section A overleaf,

or

(b) is not and/or has not been involved as in (a) above but is involved in pension functions to a substantial extent (please give details on a separate sheet). (Article 3(b) of the Articles of Association refers).

**Delete one of (a) or (b)**

2. ***UNDERTAKING BY APPLICANT***

We hereby undertake to advise the SPP, if elected, in the event of

......................................................................................................................................................................

(name of organisation) ceasing to fulfil any of the provisions of this application.

Signed .......................................................................

Name .............................................................................. Date...............................................

(in block capitals, including initials)

**QUESTIONNAIRE**

**SECTION A**

Please indicate below in which of the following activities your organisation has been directly involved for a period of not less than three consecutive years:-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | Tick Relevant Activities |
| 1. Accountancy Services | | | | | \_\_\_\_\_\_\_\_ |
| 1. Actuarial Services | | | | | \_\_\_\_\_\_\_\_ |
| 1. Administration Services | | | | | \_\_\_\_\_\_\_\_ |
| 1. Contract Based Pension Provider (including SIPP provider) | | | | | \_\_\_\_\_\_\_\_ |
| 1. Corporate Finance/Employer Covenant Advice | | | | | \_\_\_\_\_\_\_\_ |
| 1. Corporate IFA Services | | | | | \_\_\_\_\_\_\_\_ |
| 1. Custodianship | | | | | \_\_\_\_\_\_\_\_ |
| 1. Education and Communication | | | | | \_\_\_\_\_\_\_\_ |
| 1. Employee Benefit Services (including one or more of corporate wrap, flexible benefits, voluntary benefits, healthcare, insurance products, design, communication and administration) | | | | | \_\_\_\_\_\_\_\_ |
| 1. Fiduciary Management | | | | | \_\_\_\_\_\_\_\_ |
| 1. General Pension Consultancy (including scheme design) | | | | | \_\_\_\_\_\_\_\_ |
| 1. Independent Trusteeship | | | | | \_\_\_\_\_\_\_\_ |
| 1. International Benefit Advice | | | | | \_\_\_\_\_\_\_\_ |
| 1. Investment Consulting and Implementation | | | | | \_\_\_\_\_\_\_\_ |
| 1. Investment/Fund Management | | | | | \_\_\_\_\_\_\_\_ |
| 1. Investment Performance Analysis | | | | | \_\_\_\_\_\_\_\_ |
| 1. Legal Services, including disputes | | | | | \_\_\_\_\_\_\_\_ |
| 1. Longevity Risk Solutions | | | | | \_\_\_\_\_\_\_\_ |
| 1. Pension Annuity Provision | | | | | \_\_\_\_\_\_\_\_ |
| 1. Pension and Financial Services PR Consultancy | | | | | \_\_\_\_\_\_\_\_ |
| 1. Pension Wind-up Services (including one or more of advice on and provision of buy-outs and buy-ins, advice on entry to PPF and advice on entry to FAS) | | | | | \_\_\_\_\_\_\_\_ |
| 1. Technology Services | | | | | \_\_\_\_\_\_\_\_ |
| 1. Trustee Secretarial and other Support Services | | | | | \_\_\_\_\_\_\_\_ |
| 1. Other(s) (please specify) | | | | | \_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **SECTION B** | | | | | | | | |
|  | | | | | (Circle whichever applies) | | | |
| 1. Is your organisation subject to regulation under the Financial Services and Markets Act 2000 | | | | | Yes | No | | |
| **IF “NO”, PLEASE MOVE STRAIGHT TO QUESTION 3** | | | | | | | | |
| 1. **If “yes”,** please state below your organisation's registration number.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **IF YOU HAVE ANSWERED QUESTION 2, PLEASE MOVE TO QUESTION 5.** | | | | | | | | |
| 1. Does your organisation have a paid-up capital or partnership fund for a minimum sum of £1,000? | | | | | Yes | No | | |
| 1. Is your organisation able to complete a solvency certificate based upon at least one year’s trading related to its financial year-end? | | | | | Yes | No | | |
| 1. (a) Is your organisation the umbrella for an IFA network? | | | | | Yes | No | | |
| (b) If “yes”, does your organisation act for clients in its own right, as well as acting as umbrella for the network? | | | | | Yes | No | | |
| 1. (a) How many Principals and other members of staff are engaged full-time in the activities, as indicated on pages 2-3? | | | | | \_\_\_\_\_\_\_\_\_ |  | | |
| (b) How many Principals and other members of staff are in total engaged in your organisation’s business? | | | | | \_\_\_\_\_\_\_\_\_ |  | | |
| (c) Please indicate below which of the following qualifications are held by Principals and other members of staff engaged full-time in the activities indicated on pages 2-3 | | | | | | | | |
|  | | **Qualification** | | **No. of Principals and Other Members of Staff Holding Qualification** | |  | | |
|  | ACA | |  | | | |  |
|  | ACII (Pension branch) | |  | | | |  |
|  | AIB | |  | | | |  |
|  | APMI | |  | | | |  |
|  | ASIP | |  | | | |  |
|  | CA | |  | | | |  |
|  | CFA | |  | | | |  |
|  | FCA | |  | | | |  |
|  | FCII (Pension branch) | |  | | | |  |
|  | FFA | |  | | | |  |
|  | FIA | |  | | | |  |
|  | FIB | |  | | | |  |
|  | FPC | |  | | | |  |
|  | FSI | |  | | | |  |
|  | Advanced FPC | |  | | | |  |
|  | FPMI | |  | | | |  |
|  | IMC | |  | | | |  |
|  | MSI | |  | | | |  |
|  | PMI QPA | |  | | | |  |
|  | Barrister | |  | | | |  |
|  | Solicitor | |  | | | |  |