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

Having completed the questionnaire which forms part of this form, and the Certificate and Undertaking below, I on behalf of my organisation 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.

I 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***

I 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***

I hereby undertake to advise 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)

Signed.......................................................................... (Partner)

Name............................................................................ (Date)..........................................

(in block capitals, including initials)

(**Note: a second signature of a partner is required if the first signatory is not a partner**).

**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 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 | |  | | |  |