

**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 are aware that the decision of Council on this application shall be final.

**Name of Organisation:**

**Address of Organisation:**

**Lead Representative:**

**Email Address of Lead Representative:**

**Telephone No:**

**1**. ***STATEMENT FROM LEAD REPRESENTATIVE***

 We hereby confirm that the ‘Organisation’

1. 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).

 **Delete (a) or (b)**

**2.** ***UNDERTAKING BY THE ORGANISATION***

We agree to advise the SPP, if elected, in the event of the Organisation ceasing to fulfil any of the provisions within this application.

**Signed:**

**Name:**

** Date:**

**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. Professional 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\* Umbrella companies of an IFA network pay a further subscription of £2,500, in addition to that arising from the scale above. |
| 1. (a) How many staff are engaged full-time in the activities, as indicated in section A?
 | \_\_\_\_\_\_\_\_\_ |  |
| (b) Please estimate the number of support staff whose work is directly supporting pensions activity  | \_\_\_\_\_\_\_\_\_ |  |

**Thank you for filling out the application form.**

**Please send it back to Fred Emden, CEO of SPP at** **fred.emden@the-spp.co.uk**

The Society of Pension Professionals

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