

Membership Application Form

Name of Firm applying for Membership:

Website:

Nominated Representative:

Address:

Tel:

Fax:

Mobile:

E-mail:

(mandatory as AMPS communications are sent by email)

Please note it is only Operators/Establishers or Administrators that can apply for Full Membership which entitles Voting Rights. All other memberships will be Associates.

I confirm that I have read the Constitution and Code of Conduct and I agree to abide by them for as long as I and the Nominated Firm are members of AMPS. I understand it is the Nominated Representatives responsibility to keep the membership secretary advised of any changes to the above details.

I agree to my details being published on the website unless I notify you otherwise. I understand that the membership subscription is payable annually and the membership period runs from 6th April to 5th April. My initial subscription payment of £200 is attached. (Cheques made payable to 'Association of Member Directed Pension Schemes').

In what capacity do you act?

Operator/Establisher

Administrator

Professional Trustee

Software Provider

Bank

Adviser (please confirm who regulated by and reference Number _____)

Other (please provide details) _____

SIPP

SSAS

If SIPP Operator/Establisher, please confirm FSA reference number _____

Approx no of SIPPs

Approx total value

If SSAS administrator, please advise how many schemes you administer:

Approx no of SSASs

Approx total value

The information disclosed here will only be used by the AMPS committee in their dealings with HMRC or the FSA or in press releases for the purposes of demonstrating the size of the SIPP and SSAS market.

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Signed (Nominated Representative)

.....
Date

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On behalf of Firm name

Please return form to:

Geoff Buck, Membership Secretary
Killik & Co
Crown House, Crown Street
Ipswich, IP1 3HS