

Association of Member-Directed Pension Schemes Member Application

Name of Firm applying for membership:

Nominated Representative:

Contact Details:

Address:

Tel:

Mobile:

Fax:

e.mail:

(This field is mandatory as AMPS communications are sent via email. It is the nominated representative's responsibility to keep the AMPS membership secretary advised of any changes to the email address)

In what capacity do you act:

SIPP

SSAS

Operator/Establisher

Administrator

Professional Trustee

Adviser – who authorised/regulated by
and reference number

Software Provider

Bank

Other (please provide details)

If SIPP Operator/Establisher please provide:

FSA Ref no:

If SSAS Administrator please advise how many schemes you administer:

2-10

11-100

101-1000

Over 1000

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

Would you like your contact details to be included on the AMPS website?

Yes/No

I confirm that I have read and understood the Constitution and Code of Conduct and agree to abide by them for as long as I and the Nominated Firm are members of AMPS.

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Signed (Nominated Representative)

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On behalf of Firm name

.....

Date