



## Membership Application Form (2015)

**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 6<sup>th</sup> April to 5<sup>th</sup> April. My initial subscription payment of £400 is attached. (Cheques made payable to 'Association of Member Directed Pension Schemes').

Note that no joining invoice will be issued. This form constitutes notification of the application fee due.

# AMPS ASSOCIATION OF MEMBER-DIRECTED PENSION SCHEMES

In what capacity do you act?	SIPP	SSAS
Operator/Establisher	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Professional Trustee	<input type="text"/>	<input type="text"/>
Software Provider	<input type="text"/>	<input type="text"/>
Bank	<input type="text"/>	<input type="text"/>
Adviser (please confirm who regulated by and reference Number _____)	<input type="text"/>	<input type="text"/>
Other (please provide details) _____	<input type="text"/>	<input type="text"/>

If SIPP Operator/Establisher, please confirm FCA 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.

.....  
Signed  
(Nominated Representative)

.....  
On behalf of Firm name

.....  
Date

Please return form to:

Geoff Buck, Membership Secretary  
DP Pensions, Bridewell House, Bridewell Lane, Tenterden, Kent, TN30 6FA

# AMPS ASSOCIATION OF MEMBER-DIRECTED PENSION SCHEMES

The Committee would be very grateful if you would answer the following questions, in support of your application.

1. How did you hear of AMPS?

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2. What are your principal areas of business?

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3. What does your business offer to the member-directed sector of the pensions industry?

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4. Do you have business relationships with other AMPS members?

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**Associate membership applicants only**

6. Would you be interested in advertising your services on the AMPS website?

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7. Would you be interested in speaking at, or sponsoring, an AMPS event?

.....  
.....

Please return form to:  
Geoff Buck, Membership Secretary  
DP Pensions, Bridewell House, Bridewell Lane, Tenterden, Kent, TN30 6FA