

| Standing | Order Instruction | | | |
|---|-----------------------------------|------------------|--|--|
| Store | | | | |
| 1. CUSTOMER DETAILS | | | | |
| Customer Name | ATB Fire Safety Executive Pension | Customer Number | | |
| Account Holding Store | | Account Number | 4 5 2 0 3 8 9 1 | |
| 2. BENEFICIARY DETAILS | | | | |
| | | | | |
| Beneficiary Name Beneficiary Sort | Mrs JA Burns & Mr AT Burns | | | |
| Code Beneficiary Account | 0 7 0 1 1 6 t 1 7 8 8 9 6 8 4 | | | |
| Payment Reference | PCLS ADRIAN BURNS | - | | |
| | | | | |
| 3. FREQUENCY Payment Frequency Weekly Monthly Quarterly Yearly Other | | | | |
| Payment Frequence | wy Weekly Monthly | Quarterly Yearly | Other | |
| 4. PAYMENT DETAILS | | | | |
| Date and amount of first payment 0 6 1 0 2 0 2 3 £ 1 5 0 0 0 | | | | |
| Date and amount of ongoing payments (if amount different from the first payment) | | | | |
| Select one of the following options: | | | | |
| 1. Date and amount of final payment 0 6 0 3 2 0 2 4 £ 1 5 0 0 0 | | | | |
| 2. Until further notice | | | | |
| 5. CUSTOMER SIGNATURE | | | | |
| Primary Applicant Secondary Applicant | | | | |
| Seorgina M | | | Markin | |
| Date 26/ | 9/23. | Date 26/09/2023 | | |
| FOR INTERNAL USE ONLY ID&V confirmed (refer to ID&V Matrix) Request fully input to T24 Inputter Signature | | | HVT completed and attached (if applicable) Standing Order authorised | |
| | € | | | |
| Name: | | Name: | Name: | |
| Date: | | Date: | | |