

Pension Scheme Account Opening Request

To: The Manager, Partnerships Dept, Metro Bank PLC, One Southampton Row, London, WC1B 5HA

1. PENSION SCHEME DETAILS

Type and Name of Pension Scheme (e.g. SIPP, SSAS, Occupational)

Full Name and Correspondence address of Scheme

Is Scheme registered with HMRC?

☐ Yes ☐ No

If yes, please provide registration number below

Does employer pay premiums/ contributions?

☐ Yes ☐ No

If yes please complete sections A and B

A: Full Name and Address of Employer

B: Company Registration Number

Full Name and Address of Professional Scheme Trustee (if applicable)

2. TRUSTEES DETAILS

First Trustee

Title (Mr, Mrs, Miss)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

Second Trustee

Title (Mr, Mrs, Miss)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

Pension Scheme Account Opening Request *(continued)*

2. TRUSTEES DETAILS *(continued)*

Third Trustee

Title (*Mr, Mrs, Miss*)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone
Number

Work Telephone
Number

Mobile Number

Email Address

Address

Postcode

Fourth Trustee

Title (*Mr, Mrs, Miss*)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone
Number

Work Telephone
Number

Mobile Number

Email Address

Address

Postcode

3. SCHEME MEMBER DETAILS

First Scheme Member

Title (*Mr, Mrs, Miss*)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone
Number

Work Telephone
Number

Mobile Number

Email Address

Address

Postcode

Second Scheme Member

Title (*Mr, Mrs, Miss*)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone
Number

Work Telephone
Number

Mobile Number

Email Address

Address

Postcode

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3. SCHEME MEMBER DETAILS (continued)

Third Scheme Member

Title (Mr, Mrs, Miss)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

Fourth Scheme Member

Title (Mr, Mrs, Miss)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

4. CHOOSE YOUR ACCOUNT(S)

- I/We would like to open:**
- ☐ An Instant Access Savings Account
- ☐ A Fixed Term Savings Account (please complete Section 5)
- ☐ A Community Account
- ☐ Is a cheque book required
- ☐ Is a paying in book required

5. YOUR FIXED TERM DEPOSIT DETAILS

Amount to be deposited

Term (months)

Funds to be deposited by: ☐ Cheque made payable to Metro Bank

☐ Electronic transfer from another bank

Interest must be credited to an alternative Metro Bank account, please select of one of the following options:

☐ Credit interest to the Instant Access Savings Account/Community Account applied for as indicated above

☐ Credit interest to an existing Metro Bank Account number

6. MANDATE

In this section you can tell us how many Authorised Signatories you wish to appoint to assist you in the use and operation of your account. It you would like to appoint more than one Authorised Signatory, this section also lets you tell us if they can transact on your account(s) independently or if joint/multiple authorisation is required.

Please complete the following as appropriate

Completion of this Mandate authorises Metro Bank to accept all instructions given, or acts performed, in accordance with the "Our Service Relationship with Business Customers" brochure (Terms and Conditions) and/or this Mandate on behalf of the Trustees of the Pension Scheme:

- | | |
|--|---|
| <input type="checkbox"/> Any ONE of the Authorised Signatories | <input type="checkbox"/> Any TWO of the Authorised Signatories |
| <input type="checkbox"/> ALL of the Authorised Signatories | <input type="checkbox"/> Authorised Signatories in accordance with the specific instructions set out below: |

*We may only accept payment instructions via the telephone banking service, fax or email from the Authorised Signatories as detailed above.

7. DECLARATION AND SIGNATURE(S)

Credit Reference Agencies

When you apply for a Metro Bank Community Account, Metro Bank will undertake credit checks in order to assess your eligibility for this community account and will carry out checks to verify your identity and to prevent and detect crime and money laundering for both Community and Savings Accounts. Metro Bank will search records held by credit reference agencies ('CRAs') when considering your application.

Fraud Prevention Agencies

If you give false or inaccurate information and fraud is identified or suspected, details may be passed to fraud prevention agencies and/or CRAs to prevent fraud and money laundering. Law enforcement agencies may access and use this information.

Giving Your Consent

We would like to contact you to tell you about our other products and services that we think you might be interested in. If you would prefer not to be contacted by any of the following means, please let us know by ticking the relevant box(es) below. Please tick all of the boxes if you do not want us to contact you about other products and services.

First Trustee

- ☐ Post ☐ Phone ☐ Text ☐ Email

Second Trustee

- ☐ Post ☐ Phone ☐ Text ☐ Email

Third Trustee

- ☐ Post ☐ Phone ☐ Text ☐ Email

Fourth Trustee

- ☐ Post ☐ Phone ☐ Text ☐ Email

You authorise Metro Bank to disclose details of your account(s) to your introducer as named on the application form, or their successors in title.
Use of Your Information

More information is available about how Metro Bank will use your information. You can find this at the beginning of the document "**Our Service Relationship with Business Customers**" included in your Welcome Pack. More detailed information is also available in our "**Guide to the Use of Your Information**" which can be provided on request. **By signing this form you agree to Metro Bank using your information as set out above and in the ways described in those leaflets.** You can contact us in writing at **Metro Bank PLC, One Southampton Row, London, WC1B 5HA** or **enquiries@metrobank.plc.uk** at any time if you would like us to stop using your data in a manner to which you have previously consented.

Declaration

Metro Bank's decision to offer you this community/savings account is based on the information set out in this application. By applying for this community/savings account, you declare that the information set out in this application is, to the best of your knowledge and belief, correct and not misleading. If it alters you must tell Metro Bank promptly in writing.

Your community/savings account will be subject to the terms and conditions outlined in the documents "**Our Service Relationship with Business Customers**" and the "**Important Information Summary**" for this product. If you are applying for a joint account, you acknowledge that each of you is separately responsible for complying with the document "**Our Service Relationship with Business Customers**" and the "**Important Information Summary**". If any one of you does not comply, Metro Bank can take action against any or all of you alone or together.

Before signing this form you should carefully read the document "**Our Service Relationship with Business Customers**" and the "**Important Information Summary**" for this product. If there is any term that you do not understand, please discuss it with a Metro Bank Customer Service Representative before signing.

I certify that I have reviewed the Pension Trust Deed in respect of the above named Pension Scheme and:

- The pension has been properly constituted
- The details shown above are complete and accurate
- The Trustees are empowered to open an account at Metro Bank PLC
- The Trustees are empowered to operate the account/to appoint representatives to operate the account
- To facilitate operations on the account the Trustees are empowered to utilise any electronic banking service available from Metro Bank PLC
- Third party payments are/are not permitted (delete as appropriate)
- The Trust Deed will be available for inspections by the Bank, if required and that the copy will be retained for a period of 6 (six) years after the account has closed
- The signatories on the attached account mandate have been authorised to act by the trustees of the scheme/the Trustees representatives
- We permit Metro Bank PLC to make enquiries to HMRC to confirm this scheme is registered with them for tax relief and exemptions. We authorise HMRC to provide this information to Metro Bank PLC upon request.

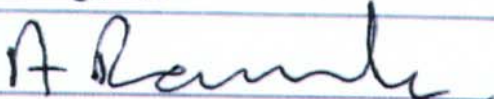
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7. DECLARATION AND SIGNATURE(S) (continued)

We confirm that the Account is to be subject to the Metro Bank Business Account Information Summary and the Terms and Conditions as set out in "Our Service Relationship with Business Customers" Part 4 Section 40.

First Trustee Signature



Date

Second Trustee Signature

Date

Third Trustee Signature

Date

Fourth Trustee Signature

Date

Scheme Administrator Details

Name

Pension Practitioner .Com Limited

Address

Daws House, 33-35 Daws Lane
London, NW7 4SD

Signature



Date

29 JUNE 2015

8. ACCOUNT INTRODUCER DETAILS

Name of Company

Pension Practitioner .Com Limited

Address

Daws House
33-35 Daws Lane
London

Post code

NW7 4SD

Telephone Number

08006344862

Contact Name

Brad Davis / Georgina Stuliglowa

Email

info@pensionpractitioner.com