

Account Closure Request Form

To: Metro Bank
One Southampton Row
London
WC1B 5HA

From: Trustees of Bowers SSAS

Account Name: 22122134

Please accept this letter as my request to close the above account with immediate effect. Please arrange to transfer any remaining balance to the following account:

Account Name: Trustees of Bowers SSAS

Account Number: 43859525

Sort Code: 205744

Reference: Transfer out


.....
Malcolm Bowers

11/4/2017
.....
Date

High Barn Cottage
120 Paddock Road
Kirkburton
Huddersfield
HD8 0TT

We hereby give our consent to the closure of the above account and a transfer out of the closing balance as requested above.


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Authorised Signatory
Pension Practitioner. Com Limited

11 APRIL 2017
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Date