

International Payment Instruction

Bank

1. CUSTOMER DETAILS

| | | |
|---------------|---|--|
| Customer name | <input type="text" value="DC Pension Scheme"/> | |
| Sort Code | <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="-"/> <input type="text" value="8"/> <input type="text" value="3"/> <input type="text" value="-"/> <input type="text" value="9"/> <input type="text" value="6"/> | Account number <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/> |

2. PAYMENT DETAILS

| | | | | | |
|---------------------|---|-------------------|--|--------------------------|----------------------------------|
| Date to be actioned | <input type="text" value="22/10/2018"/> | Amount in numbers | <input type="text" value="40,000.00"/> | Currency (to be sent in) | <input type="text" value="GBP"/> |
| Amount in words | <input type="text" value="Forty Thousand Pounds Only"/> | | | | |

3. BENEFICIARY DETAILS

| | |
|--|--|
| Beneficiary Name | <input type="text" value="MAPLESFS LIMITED"/> |
| Beneficiary Address | <input type="text" value="250 Park Avenue, 7th Floor, New York, NY 10177, USA"/> |
| Beneficiary Account Number or IBAN* | <input type="text" value="803-3830-956"/> |
| <small>*IBAN is required for ALL Euro payments</small> | |
| Payment Reference | <input type="text" value="Carlton James CRE Ltd # 714134 / DCPS"/> |

4. BENEFICIARY BANK DETAILS

| | |
|---|--|
| Beneficiary Bank Name | <input type="text" value="BANK OF NEW YORK MELLON"/> |
| Beneficiary Bank Address | <input type="text" value="ONE WALL STREET, NEW YORK, NY 10286"/> |
| Beneficiary Bank SWIFT Code or ABA Routing Number | <input type="text" value="I"/> <input type="text" value="R"/> <input type="text" value="V"/> <input type="text" value="T"/> <input type="text" value="U"/> <input type="text" value="S"/> <input type="text" value="3"/> <input type="text" value="N"/> <input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/> |

5. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)

| | |
|--|--|
| Intermediary Bank Name | <input type="text" value="BANK OF NEW YORK MELLON"/> |
| Intermediary Bank Address | <input type="text" value="LONDON, ENGLAND"/> |
| Intermediary Bank SWIFT Code or ABA Routing Number | <input type="text" value="I"/> <input type="text" value="R"/> <input type="text" value="V"/> <input type="text" value="T"/> <input type="text" value="G"/> <input type="text" value="B"/> <input type="text" value="2"/> <input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/> |

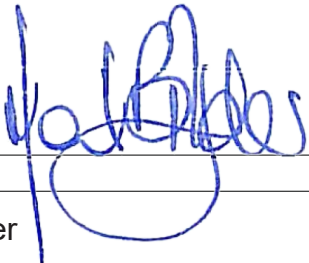
6. PURPOSE OF TRANSACTION - Description

Pension Fund Investment

We authorise the scheme administrator to make the payment on the date stated on this form in accordance with the following authorised account signitures

7. TRUSTEE SIGNATURE

1st Signatory



Name

Neil Ryder

Date 22/10/2018

2nd Signatory - if applicable



Name



Date

