

## 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)

Type: SSAS      Name: DJP Bury Ltd SSAS

Full Name and Correspondence address of Scheme

DJP Bury Ltd SSAS

Pension Practitioner.Com, Daws House, 33-35 Daws Lane, London, NW7 4SD

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

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

N/A

B: Company Registration Number

### 2. TRUSTEES DETAILS

#### First Trustee

Title (Mr, Mrs, Miss) Mr

Surname Powell

First Name Darren

Middle Name(s)

Nationality British

Gender Male

Date of Birth 24 January 1976

Home Telephone Number

Work Telephone Number

Mobile Number 07932 023 989

Email Address dazpowell@hotmail.com

Address 59 Bury Road  
Dagenham  
Essex

Postcode RM10 7XR

#### 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

## Pension Scheme Account Opening Request

(continued)

### 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

## Pension Scheme Account Opening Request *(continued)*

### 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 checked="" type="checkbox"/> Authorised Signatories in accordance with the specific instructions set out below: |

Any ONE Trustee and ONE Pension Practitioner.Com signatory as per the Pension Practitioner.Com signatory list.  
I/We hereby authorise Metro Bank PLC (The Bank) to deduct from my/our pension scheme bank account such management charges/fees and adviser charges/fees as may be notified from time to time to the bank under the sole instruction of two authorised signatories of Pension Practitioner.Com. +

\*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.


## Pension Scheme Account Opening Request

(continued)

### 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

17.04.2015

#### 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

### 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 Stuliglawa

Email

info@pensionpractitioner.com

**Deed of Removal of Trustee**

**DJP Bury Ltd SSAS**

Date of Deed :

1. DJP Bury Ltd (Company Number 08402259) whose registered office is at 59 Bury Road, Dagenham, Essex, RM10 7XR (in this Deed called the Principal Employer)
2. Darren John Powell of 59 Bury Road, Dagenham, Essex, RM10 7XR (in this Deed called the Continuing Trustee)

## Recitals

- (A) DJP Bury Ltd SSAS (in this Deed called the 'Scheme') is a pension scheme which is now governed by a Definitive Trust Deed and Rules dated 15 May 2014 (in this Deed called the 'Existing Provisions')
- (B) The Outgoing Trustee is Union Pension Trustees Limited (Company No: 02634371) whose registered office is situated at Dunn's House, St. Pauls Road, Salisbury, SP2 7BF
- (C) The Continuing Trustees and the Outgoing Trustee are the present Trustees of the Scheme.
- (D) The Principal Employer wishes to remove the Outgoing Trustee as a Trustee and Independent Trustee of the Scheme under clause 53.3 (a) which vests the power of removal in the Principal Employer.
- (E) In this Deed (including the recitals) "Effective Date" means the date of this Deed.

## Operative provisions

1. The Principal Employer in exercise of the power conferred on them by 53.3 (a) of the Existing Provisions hereby removes the Outgoing Trustee as a Trustee and Independent Trustee of the Scheme with effect from the Effective Date.
2. The Continuing Trustees agree to take all reasonable steps to remove from the Trusts of the Scheme and any of the assets of the Scheme held in the name of the Outgoing Trustee (jointly or alone), including the removal of the name of the Outgoing Trustee from any relevant registration at HM Land Registry.
3. In removing the Outgoing Trustee as Administrator of the Scheme, the Outgoing Trustee is hereby discharged from all duties and liabilities as Administrator and Trustee with effect from the Effective Date.

IN WITNESS OF WHICH this document is executed as a Deed and is delivered on the date stated above.

SIGNED as a deed, and delivered when dated,  
by DJP BURY LTD  
acting by

Director

Signature:

Name:


  
Darren John Powell

Witness

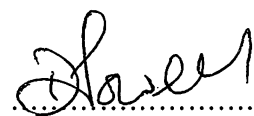
Signature:

Name:


Address:

  
ADOLE 24/11/14  
59 BURY RD, RM10 7XR

SIGNED as a deed, and delivered when dated, by  
DARREN JOHN POWELL in the presence of:

 (signature)

Witness

Signature: 

Name : ADOLG RYAN

Address : 59 Bury Rd, Lm10 7XR.



### Nomination of beneficiary form

Scheme Name: **DJP Bury Ltd SSAS** (hereinafter referred to as the scheme)

**Personal details:**

Full name including title: Mr. Darren John Powell

Date of birth: 24-Jan-1976

In the event of my death, I, the member of the scheme in trust, request that the funds should be paid to (please refer to the notes below):

Name: <b>ADOLE RYAN</b> Address: <b>59 GUY RD</b> <b>DAGENHAM</b> <b>ESSEX RM10 7XR</b> Proportion % <b>100%</b>	Name: Address:  Proportion %
Name: Address:  Proportion %	Name: Address:  Proportion %

**Declaration**

I confirm that:

- i) this supersedes all previous beneficiary nominations; and
- ii) I may revoke this request at any time by submitting a new form to the scheme Administrator

Signature of member:  Date: **17.04.2015**

**Notes:**

The member's estate cannot be nominated.

If the member does not complete a nomination form the death benefit would be payable to (or may be applied for the benefit of) such one or more of the member's dependants or named class as the nominated trustee decides, acting in accordance with the governing Trust Deed and Rules.

Trustees of the DJP Bury Ltd SSAS  
Dunn's House  
St. Pauls Road  
Salisbury  
SP2 7BF

James Hay Partnership  
One Castlepark  
Tower Hill  
Bristol  
BS2 0JA

25 March 2015

Dear Sirs,

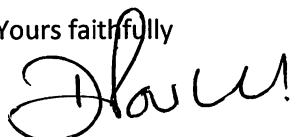
Re: DJP Bury Ltd SSAS

Please accept this letter as notice that we have appointed Pension Practitioner .Com Limited to provide administration services to the Scheme.

Would you please provide them with such assistance as is necessary to effect the smooth transition of the Scheme.

Thank you for your assistance.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Darren', with a stylized flourish at the end.

Darren John Powell  
Trustee

AUTHORITY INSTRUCTION

From: Darren Powell  
The Trustee of DJP Bury Ltd SSAS

Trustee Bank  
Account

Name of  
Bank:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account  
Number:

\_\_\_\_\_

\_\_\_\_\_

Sort Code:

\_\_\_\_\_

Trustee Bank  
Account

Name of  
Bank:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account  
Number:

\_\_\_\_\_

\_\_\_\_\_

Sort Code:

\_\_\_\_\_

Please initial :

Investment  
Account

Account  
Manager:

Address:

Policy  
Number:

Investment  
Account

Account  
Manager:

Address:

Policy  
Number:

Authority is given to :

Pension Practitioner .Com Limited  
Daws House  
33-35 Daws Lane  
London  
NW7 4SD

To be provided with information relating to the bank accounts and investments stated on this authority held by the Trustees as may be reasonably requested from time to time.

Trustee Signature:



Date:

17.04.2015

Trustee Signature:

Date:

Dated: 17.04.2015

**Trust Deed**

adopting replacement provisions governing the

**DJP Bury Ltd SSAS**

## **Parties**

1. DJP Bury Ltd (Company Number 08402259) whose registered office is at 59 Bury Road, Dagenham, Essex, RM10 7XR (in this deed called the "Principal Employer")
2. Darren John Powell of 59 Bury Road, Dagenham, Essex, RM10 7XR ("Trustee")

## **Recitals**

- 1) DJP Bury Ltd SSAS (in this deed called the 'Scheme') is a pension scheme which is currently governed by a Definitive Trust Deed and Rules dated 15 May 2014 (in this deed called the 'Existing Provisions').
- 2) It is intended to replace the Existing Provisions in their entirety.
- 3) Rule 52.1 states that "Subject to sections 67 to 671 of the 1995 Act, the Principal Employer may with the consent of the Trustees by Deed change all or any of the provisions of the rules or other provisions of the scheme, including this rule 52, in any way. Any change may have a retrospective or prospective effect."

## **Operative provisions**

Pursuant to clause 52.1 of the Existing Provisions, those Existing Provisions shall cease to have effect and the Scheme shall be governed by the attached Rules:

### **PROVIDED THAT:**


- i) the power in Rule 52.1 (Power of Amendment) the Principal Employer may with the consent of the Trustees by Deed change all or any of the provisions of the rules or other provisions of the scheme.
- ii) the power in Rule 53.3 (Power of Appointment and Removal of Trustees) may be exercised by the Principal Employer.


The provisions of this deed shall have effect on and from its date.


IN WITNESS OF WHICH this document is executed as a deed and is delivered on the date stated above.

SIGNED as a deed, and delivered when dated,  
by DJP Bury Ltd  
acting by

Director      Signature  :  
Name : D. Powell

Witness      Signature  :  
Name : AODH RUAN  
Address : 59 BURY RD, RM10 7XR

SIGNED as a deed, and delivered when dated,  
by  (Signature)  
Darren John Powell in the presence of:

Witness      Signature  :  
Name : AODH RUAN  
Address : 59 BURY RD, RM10 7XR