

## **Church House Trust**

BANK ACCOUNT APPLICATION FORM			
Name of Scheme			
PSTR No.			
Administrator (full name)		Address	
Trustee (full name) (For copy bank statements to be sent)		Address	
Trustee (full name)		Address	
Trustee (full name)		Address	
I/We authorise Church House Trust to release any information to the following company that they may request in connection with this account.  Pension Practitioner .Com  IFA / Practioner / SSAS adviser (Name and address)			
	rch House Trust Instant est earned will be added to	For internal use only) Provision Number: Bank Account Number:	(60-95-31)
Contact telephone number (work)			
We have read and agree to the terms and conditions applicable to this account, and authorise and request that Church House Trust pay all cheques and other instructions for payment signed on our behalf by one/ two of the following duly authorised officials (delete as appropriate).			
Signed on behalf of the Administrator (if applicable)			Date
Signed on behalf of the Trustee		DF.	Date 5 Mar 2014
Signed on behalf of the Trustee			Date
Signed on behalf of the	o Trustee		Date

Church House Trust Limited 3 Goldcroft, Yeovil, Somerset BA21 4DQ Tel: 01935 609600 Fax: 01935 410674 www.church-house-trust.co.uk