

Outward Payment Instruction
(Faster Payments & CHAPs)



Allied Irish Bank (GB)

V.A.M. Registered Scheme Administrator

1. Customer details

Customer Name Goldman Pension SSAS

Account Number 0 4 9 1 9 0 8 8

2. Payment details

Payment Type

- ☒ Faster Payment (No Fee)
☐ CHAPs (£25.00 Fee)
☐ Account To Account Transfer

Amount (GBP) 150,000.00

Date To Process DD 1/6/2021 YY YY YY YY

Amount in Words One hundred and fifty thousand pounds only

3. Beneficiary Information

Beneficiary Name Beaufort Montague Harris

Beneficiary Sort Code 5 5 7 0 3 1

Beneficiary Account Number 7 9 6 6 0 7 8 9

Payment Reference (if applicable) Goldman

4. Customer Signature

Authorised Signature

DocuSigned by:
Philip Goldman
2E35083E4C5E43F...
Date: 1/6/2021

Authorised Signature

Date:

FOR INTERNAL USE ONLY

☐ ☐ ☐

Input By: Stacy Lunnon
Signature: DocuSigned by:
Stacy Lunnon
Date: DD 1/6/2021 YY YY YY YY

☐ ☐

Authorised By: Emily McAlister
Signature: DocuSigned by:
Emily McAlister
Date: DD 1/6/2021 YY YY YY YY