**Deed of Removal of Practitioner**

Dated:

Parties

1. **Simon Cole** of Flat 2, Westfield Oaks, 15, Westfield Avenue, Hayling Island, PO11 9AQ(in this Deed called the “**General Trustee**”); and
2. **The Practitioner Partnership LP trading as Pension Practitioner** (company number 06028668) whose registered office is situated at 1st Floor, World Trade Centre, Baytree Road, Gibraltar, GX11 1AA (in this Deed called the “**Pension Practitioner**”).

Introduction

1. The General Trustee is the present member trustee of the **Hayling Oaks Ltd Executive Pension Scheme**(**“**the **Scheme**”), which is a retirement benefits scheme currently governed by a Deed of Amendment dated 20th August 2022 and all subsequent amending documents (the “**Existing Provisions**”).
2. Clause 5.3 of the Existing Provisions vests in the General Trustees the power to appoint and remove advisors and officers as they consider desirable.
3. The General Trustee is desirous to remove the Pension Practitioner from the Office of Practitioner pursuant to a Trustee resolution dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operative Provisions

The General Trustees (in acting in their capacities), remove the Pension Practitioner as their agent and Practitioner in connection with, but not limited to any matters within the responsibility of HMRC and any other thing whatsoever in connection with or incidental to the discharge of all duties relating to the Scheme which are imposed on the scheme administrator and/or the maintenance of the registered status of the Scheme under Part 4 of the Finance Act 2004.

The provisions of this Deed 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

Signature:

**Simon Cole**

in the presence of:
Witness Signature: :
 Name :
 Address :

EXECUTED as a deed, and delivered when dated, by

**The Practitioner Partnership LP trading as Pension Practitioner** acting by
Authorised Signature:
 Name :

Witness Signature:
 Name :
 Address :