

# Renewal Mandate Form for Pension Funds Account

Please complete this form in BLOCK CAPITALS and black ink and return it to: **Cater Allen Private Bank, 9 Nelson Street, Bradford, BD1 5AN** in the pre-paid envelope provided. If you need any help to complete this form please call us on **0800 092 3300**.

Existing Account Number 

4	4	1	4	3	4	3	6
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Master Account Number 

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**This Renewal Mandate will supersede any previous Mandates held in relation to this Account and will only come into force once we have confirmed to you that this Mandate has been accepted.**  
**Please note: Signatories wishing to continue will need to complete this form. Any information section not completed will be interpreted as though there is no information to input.**

## PART 1 SCHEME DETAILS

Are you a: ☐ Pension Trustee ☐ Professional Trustee ☐ Scheme Administrator

Name of the Scheme 

THE LOFT SHOP LIMITED DIRECTORS PENSION SCHEME																																							
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Contact Name 

PETER STEEDMAN.																																							
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Scheme Registered Address\* 

PENSION PRACTITIONER.COM																																							
DAWS HOUSE, 33-35 DAWS LANE.																																							
LONDON																				Postcode NW7.45D.																			

Address for Correspondence\* 

ARCELES, SALT HILL ROAD																																							
CHICHESTER.																																							
																				Postcode PO19.3PY.																			

  
\* For registered and correspondence addresses only UK and BFPO addresses are acceptable. C/O and PO Box addresses are not acceptable.

Business Telephone Number 

0	8	0	0	6	3	4	4	8	6	2
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Fax Number 

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Mobile Telephone Number 

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Business Fax 

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Email Address 

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We wish to Add 

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 (How many?) ☐ Pension Trustee ☐ Professional Trustee ☐ Scheme Administrator

We wish to Remove 

1
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 (How many?) ☒ Pension Trustee ☒ Professional Trustee ☐ Scheme Administrator

Name/s to be Added/Removed (Please delete as appropriate) 

PREMIER PENSION TRUSTEES LIMITED																																							
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Name/s to be Added/Removed (Please delete as appropriate) 

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**Approved by Professional Trustee/Scheme Administrator** **Premier Pension Trustees Limited**  
Name 

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(Please enter Applicant Signature reference where applicable)  
Signature 

[Signature]																				Date 22 / 11 / 09.																			
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**Approved by Professional Trustee/Scheme Administrator**  
Name 

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Signature 

																				Date / /																			
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**PART 2****PROFESSIONAL ADVISER'S DETAILS**

Have you been introduced by a Professional Adviser? ☐ Yes ☒ No

If Yes, please complete the details below. If No, go to PART 3.

Name of Company

Address

Postcode

Telephone Number

Contact Name

Email Address

**PART 3****MANDATE AND DECLARATION**

We being all the Trustees of  
(Please insert the full name of the Scheme)

THE LOFT SHOP LIMITED DIRECTORS

PENSION SCHEME

Hereby apply to continue our Account numbered above ('The Account') with Cater Allen Private Bank ('The Bank') on the published Terms and Conditions thereof ('The Conditions') and in accordance with the Mandate below which shall remain in effect until a new Mandate is executed.

**We hereby confirm that:**

- A** We are duly authorised by the Trust Deed of the Scheme to continue the Account and operate it as set out in this Mandate and we hereby indemnify the Bank against any losses suffered as a result of any operation of the Account in accordance with this Mandate which is found to be in breach of the Trust Deed.
- B** In the event of the death or incapacity of any of the Trustees or Authorised Signatories, the Bank is able to pay or deliver to the order of the survivors, all money, securities, deeds or documents or any other property that you hold for the credit of the remaining Trustees' joint Account.

The liability of  as Scheme Administrator  
for any indebtedness arising from time-to-time on the Account(s) shall be limited to the Assets of the Scheme\*.

\*Delete if not required

Please act on the signature(s) of the Authorised Signatories in respect of cheques or other orders for payment on the Account, and as authority for the sale, purchase, delivery or other dealings with securities, bills, coupons, documents, boxes, packages and their contents and other property at any time held by you.

**Authorised Signatories**

All transactions on this Account **must be signed by:**

☒ **1** OF THE TRUSTEES (Please enter the number of Trustees to sign)

☐ **ALL OF THE TRUSTEES**

☐ **IN ADDITION TO THE ABOVE THE SCHEME ADMINISTRATOR/PROFESSIONAL TRUSTEE MUST SIGN.**

**If less than all Trustees to sign on Account**

I/We hereby jointly and severally indemnify the Bank from and against all actions, claims, demands and costs which may be brought or made against the Bank or incurred by the Bank by reason of the Bank permitting operation of the Account otherwise than upon the signatures of all of us together.

I/We hereby authorise the Bank to provide the Scheme's Auditors with such information as they may request concerning the Account and any transactions which may have taken place via the Account.

Upon any of the Trustees ceasing to be a member of the Trust by death or otherwise, the Bank may in the absence of written notice to the contrary from us, treat the surviving or continuing Trustees for the time being as having full power to carry on the business of the Account Holder and to deal with its assets as freely as if there had been no change in the Trust.

The above authority shall remain in force until the Bank receives written notice of its revocation, notwithstanding any change in the constitution (or name) of the Trust and shall apply notwithstanding any change in the identity of the Trustees by death, bankruptcy, retirement or otherwise or the admission of any new Trustee or Trustees.

I/We authorise Cater Allen Private Bank to send copies of all statements issued in respect of my/our Account and to disclose details of that Account to my/our Professional Adviser as Advisor, and Scheme Administrator, as named on this application, or their successors in title. I/We acknowledge that my/our Professional Adviser may receive commission from Cater Allen Limited in respect of my/our Account. The Bank is hereby authorised to comply with all withdrawal instructions given by facsimile, providing that such instructions are signed in accordance with the current Mandate to operate the above Account and the Bank may act upon such instructions without the need for further enquiry.

The Bank may act upon such instructions immediately and without further enquiry unless it has cause to be suspicious as to the nature and content of the request.

**Closure of Account**

I/We will not accept notification of closure of this Account unless it is authorised by the correct signatories as detailed on the valid Mandate that is in existence at that point in time.

**Data Protection Statement**

**Explanatory Note:** If this application is made in joint names "I" in the statement below should be read as "we" where appropriate.

This statement relates to the information I have given in this application and to any other information which I provide to you (Cater Allen Private Bank) or which you hold on me. I confirm that I am entitled to disclose information about any parties named on the application form.

Whether or not I become a customer, all the information I give to you or you hold on me including transactional data, may be shared with and used by Abbey National plc (Abbey) group companies, your associated companies, service providers or agents who may be located in other countries. I understand that you will ensure that my information is only used in accordance with your instructions and your own strict internal confidentiality policies. If you transfer my information to another country, you will also ensure that it is given the same levels of protection as required under the UK Data Protection Act.

I agree that my information may be used in this way for administration purposes and to provide and run the Account or service I have applied for and to develop and improve your products and services. I understand that you may invite me to take part in market research surveys carried out by post or telephone by market research organisations on behalf of you, other Abbey group companies and other organisations. If I do not want my details to be passed to market research organisations, I can tick this box. ☒

**I am a Customer dealing directly with Cater Allen Private Bank**

I understand that Cater Allen Private Bank may identify and advise me by post, telephone, or electronic media of products and services which you think may interest me. **If I would prefer not to receive up to date information on other products and services from Cater Allen Private Bank, I can tick this box.** ☒

Unless I have indicated otherwise, by continuing with this application, I consent to you contacting me via any of the channels above.

I understand that I may receive details of products and services from other Abbey group companies, if I have agreed to receive marketing from them directly.

**I have been Introduced to Cater Allen Private Bank via an Intermediary**

I understand that Cater Allen Private Bank will not use my information for marketing purposes. However, I understand that I may receive details of products and services from other Abbey group companies, if I have agreed to receive marketing from them.

**For All Cater Allen Private Bank Customers**

Before you can add me to this Account, you will check my details with Fraud Prevention Agencies, and may make searches at Credit Reference Agencies who will supply you with information including information from the Electoral Register, for the purposes of verifying my identity. Scoring methods may be used to verify my identity. A record of this process will be kept that may be used to help other companies to verify my identity. If I give you false or inaccurate information and fraud is identified, details will be sent to Fraud Prevention Agencies. Law Enforcement Agencies may access and use this information.

You and other organisations may search and use the records held by Credit Reference and Fraud Prevention Agencies about me and my Financial Associates or Partner/Spouse and others in my household, to prevent crime, fraud and money laundering and for example:

- to check details provided on applications for credit and credit related or other facilities
- to verify my identity if I or my Financial Associate applies for other facilities
- to help make decisions about credit and credit related services, insurance proposals and claims, and all types of facilities for me, my Financial Associate or Partner/Spouse and other members of my household
- to check the operation of credit and credit related accounts and to manage accounts and facilities, including tracing debtors and recovering debt

- to help make decisions about job applicants and employees
- to undertake statistical analysis and system testing.

You and other organisations may search and use from other countries the information recorded at Fraud Prevention Agencies. Further information on the Credit Reference Agencies and Fraud Prevention Agencies you use is available by telephoning your Agents on 0800 092 3300.

You may also give essential information about my Account and cards (if any) to others if necessary to run my Account and for regulatory purposes. Information about me will be kept after my Account is closed. I understand I have the right to see certain records you hold about me by applying in writing to:

The Data Protection Compliance Team (AHM1 G59), Abbey National plc, Abbey House, 201 Grafton Gate East, Milton Keynes, MK9 1AN

A fee will be charged for the provision of this information. Please see Banking Tariff for details.

#### Reserve Applications Only:

I understand that when you assess this application, and any future increase in my credit and/or overdraft limit (this does not apply to those under 18), you will use the information for credit assessment, which may include credit scoring. You may make any enquiries relating to me that you consider necessary (e.g. from another financial institution) and search the files of credit reference agencies, which will keep a record of each search. This could impact on my ability to obtain credit elsewhere within a short period of time. Details about this application (whether or not it proceeds) may be recorded at the credit reference agencies. An association between joint applicants or between myself and any named partner/spouse will be created at the credit reference agency. This will link our financial records, each of which will be taken into account in all future applications by either or both of us. If an association already exists then my applications will be assessed with reference to these associated records. This situation will continue until one of us successfully files a disassociation at the credit reference agency.

Details about me and the conduct of this account may also be passed to credit reference agencies. When appropriate, the credit reference and/or fraud prevention agencies will also record details of my agreement with you, the payments I make under it and any default or failure to keep to its terms and any deliberate non-payment following a change of address without notice.

By signing this Renewal Mandate Form we agree that we have read and understand the Declaration and Data Protection Statement and agree that our Personal Details are correct.

#### Signatures of all Scheme Trustees/Professional Trustees

List in order of authority

Personal Details -  
Part 6  
(Please tick when  
completed)

1. Full Name	PETER RICHARD STEDMAN	Position	TRUSTEE	<input type="checkbox"/>
Signature		Date	16 / 10 / 2009	
2. Full Name	JAMES HAROLD STEDMAN	Position	TRUSTEE	<input checked="" type="checkbox"/>
Signature		Date	16 / 10 / 2009	
3. Full Name	MARGORY JEAN STEWMAN	Position	TRUSTEE	<input checked="" type="checkbox"/>
Signature		Date	18 / 10 / 09	

I/We, the Scheme Administrator, verify that the above signed names are legitimate Trustees in the Named Scheme.

Full Name	GAVIN McCLOSKEY	Position	FOR SCHEME ADMINISTRATOR	<input type="checkbox"/>
Signature		Date	22 / 11 / 09	
Full Name	Pension Practitioner .Com Limited	Position		<input type="checkbox"/>
Signature	33-35 Daws Lane	Date	/ /	
	Mill Hill			
	London NW7 4SD			
A. Full Name		Position		<input type="checkbox"/>

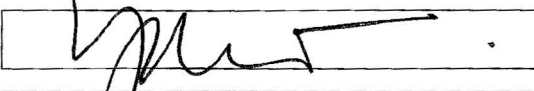
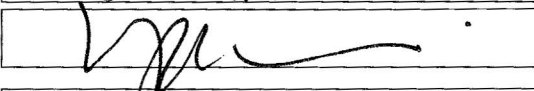
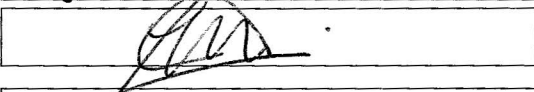
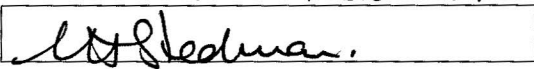
If you are a Scheme Trustee/Scheme Administrator/Professional Trustee and an Authorised Signatory on the Account then please ensure that PART 4 - Authorised Signatories along with PART 6 - Personal Details are completed.

## PART 4

## AUTHORISED SIGNATORIES

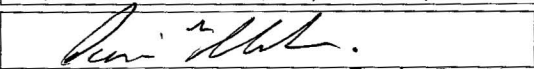
The following Authorised Signatories wish to amend the Account ("The Account") with Cater Allen Private Bank ("The Bank") in accordance with the published conditions, which we acknowledge having received and to which we agree to be bound.

By signing this Renewal Mandate Form we agree that we have read and understand the Declaration and Data Protection Statement and agree that our Personal Details are correct.

Signature		Date	16 / 10 / 2009	
B. Full Name	PETER RICHARD STEDMAN	Position	TRUSTEE	<input type="checkbox"/>
Signature		Date	16 / 10 / 2009	
C. Full Name	JAMES HAROLD STEDMAN	Position	TRUSTEE	<input type="checkbox"/>
Signature		Date	16 / 10 / 2009	
D. Full Name	MARJORY JEAN STEDMAN	Position	TRUSTEE	<input type="checkbox"/>
Signature		Date	18 / 10 / 09	
E. Full Name		Position		<input type="checkbox"/>
Signature		Date	/ /	
F. Full Name		Position		<input type="checkbox"/>
Signature		Date	/ /	

I/We the Scheme Administrator/Professional Trustee, verify that the above signed names are Authorised Signatories on the Named Scheme.

Full Name GAVIN MCCLOSKEY FOR PENSION PRACTITIONER .COM .

Signature  Date 22 / 11 / 09

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

If you are a Scheme Trustee/Scheme Administrator/Professional Trustee and an Authorised Signatory on the Account then please ensure that you complete Part 6 – Personal Details.

## PART 5

## DOCUMENTATION REQUIREMENTS

## Documentation required for verification of Schemes:

1. Certified copy of the portion of your Trust Deed showing name of scheme and names and addresses of all Trustees.
2. Any relevant deed of removal and/or appointment.

## Please note that:

You must not send to us originals of the following valuable documents: Passport; Driving Licence; EEA member state ID card; Northern Ireland Voters Card. This is due to the dangers of postal interception and fraud and is for your own protection.

**Professional Advisers** – May supply an IVC for each named Trustee/Authorised Signatory/Operators of the account provided that it is fully completed and is of a sufficient quality that any ID information can be reconstructed at a later date.



**PERSONAL DETAILS OF PENSION TRUSTEES/PROFESSIONAL TRUSTEES/  
SCHEME ADMINISTRATORS AS WELL AS AUTHORISED SIGNATORIES OF THE ACCOUNT**

**Please tick appropriate box/es and quote your Signature Reference.**

☒ Scheme Administrator    ☐ Authorised Signatory    ☐ Professional Trustee

Your Signature Reference Number/Letter e.g. A / 2 (Please refer to Part 3 and 4)

I confirm that I have enclosed Customer Identification in accordance with the Customer Identification Requirements Sheet. ☐

**PART 6 PERSONAL DETAILS OF PENSION TRUSTEES/PROFESSIONAL TRUSTEES/  
SCHEME ADMINISTRATORS AS WELL AS AUTHORISED SIGNATORIES OF THE ACCOUNT**

In order to ensure that our information is always up to date and to comply with Anti Money Laundering Regulations please complete the form below. In some circumstances we may not be able to process this request without this information. If this application form does not provide you with enough space for everyone's Personal Details, please photocopy this section of the form and complete for each additional person then attach all relevant pages to this application.

Please tick appropriate box/es and quote your Signature Reference.

☐ Existing Customer ☐ New Customer

☐ Scheme Administrator ☐ Authorised Signatory ☐ Professional Trustee

Your Signature Reference Number/Letter e.g. A / 2 (Please refer to Part 3 and 4)

Title (e.g. Mr/Mrs/Miss/Ms/Other)

First Name

Middle Name(s)

Surname

Previous Surname/Other name you use(d)

Gender ☒ Male ☐ Female

Mother's Maiden Name

Nationality

2nd Nationality (if dual citizen)

Date of Birth (Day/Month/Year)

Are you a Trustee of the Scheme?

Current Home Address (Permanent Residential Address)

Country of Residence

How long have you been at your current home address?

Years  Months

Home Telephone no.

Mobile Telephone no.

Business Telephone no.

Email Address

Previous Address if less than three years at address shown above  
(If more than one address, please provide details of all other  
addresses on a separate sheet)

Previous Home Address

Country of Residence

How long did you live at this address?  Years  Months

Do you share a mail box? (e.g. block of flats) ☐ Yes ☒ No  
If yes we will make special arrangements should you  
need to receive cheque/ paying-in book, pin/card by post.

**Personal Banking Details:**

Name of Bank or Building Society

Branch Postcode

Bank Sort Code

Your Account Number

Account Name

How long have you been with your bank?  Years  Months

I confirm that I have enclosed Customer Identification in accordance with the Customer Identification Requirements Sheet. ☒

## PART 6

PERSONAL DETAILS OF PENSION TRUSTEES/PROFESSIONAL TRUSTEES/  
SCHEME ADMINISTRATORS AS WELL AS AUTHORISED SIGNATORIES OF THE ACCOUNT

In order to ensure that our information is always up to date and to comply with Anti Money Laundering Regulations please complete the form below. In some circumstances we may not be able to process this request without this information.

If this application form does not provide you with enough space for everyone's Personal Details, please photocopy this section of the form and complete for each additional person then attach all relevant pages to this application.

Please tick appropriate box/es and quote your Signature Reference.

☐ Existing Customer ☐ New Customer

☐ Scheme Administrator ☐ Authorised Signatory ☐ Professional Trustee

Your Signature Reference Number/Letter e.g. A / 2 (Please refer to Part 3 and 4)

Title (e.g. Mr/Mrs/Miss/Ms/Other)

First Name

Middle Name(s)

Surname

Previous Surname/Other name you use(d)

Gender ☐ Male ☒ Female

Mother's Maiden Name

Nationality

2nd Nationality (if dual citizen)

Date of Birth (Day/Month/Year)

Are you a Trustee of the Scheme? ☒ Yes ☐ No

Current Home Address (Permanent Residential Address)

Postcode

Country of Residence

How long have you been at your current home address?

☒ 27 Years ☐ 6 Months

Home Telephone no.

Mobile Telephone no.

Business Telephone no.

Email Address

Previous Address if less than three years at address shown above  
(If more than one address, please provide details of all other addresses on a separate sheet)

Previous Home Address

Postcode

Country of Residence

How long did you live at this address?  Years  Months

Do you share a mail box? (e.g. block of flats) ☐ Yes ☒ No

If yes we will make special arrangements should you need to receive cheque/ paying-in book, pin/card by post.

## Personal Banking Details:

Name of Bank or Building Society

Branch Postcode

Bank Sort Code

Your Account Number

Account Name

How long have you been with your bank?  Years  Months

I confirm that I have enclosed Customer Identification in accordance with the Customer Identification Requirements Sheet ☒