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J						

Outward Pay	D99-4815-8272-2198BAE40FEE ment Instruction ents & CHAPs)	Allied Irish Bank (GB)								
V.A.M. Registe	ed Scheme Administrator									
1. Customer de	etails									
Customer Name Kayste	ed Directors Pension Sche	Account Number 0 4 9 1 9 0 8 8								
2. Payment det	ails									
Payment Type Faster Payment (N CHAPs (£25.00 Fe Account To Account Amount (GBP) Amount in Words	e)	Date To Process 0 8 0 8 2 0 1 9								
3. Beneficiary Information										
Beneficiary Name	PR and MJ Stedman									
Beneficiary Sort Code	3 0 9 6 6 1									
Beneficiary Account Number	0 0 4 0 3 6 5	1 8								
Payment Reference (if applicable)	P Stedman - Drawdow	n								
4. Customer Sig	gnature									
Authorised Signature		Authorised Signature								

Docusigned by: Peter Stedman 1039B159C67E499	
Date: 8/8/2019	Date:

FOR INTERNAL USE ONLY																	
Input By:						Authorised By:											
Signature:						Signature:											
Date:	DD	$\mathbb{N}$	Μ	Y	Y	Y	Y		Date:	D	D	$\mathbb{N}$	$\mathbb{M}$	Y	Y	Y	Y