

Pension Scheme Account Opening Request

(continued)

7. DECLARATION AND SIGNATURE(S) (continued)

We confirm that the Account is to be subject to the Metro Bank Business Account Information Summary and the Terms and Conditions as set out in "Our Service Relationship with Business Customers" Part 4 Section 40.

First Trustee Signature

S.A.B. Bollier

Date *04/11/14*

Second Trustee Signature

SMG Mir

Date *04/11/14*

Third Trustee Signature

Date

Fourth Trustee Signature

Date

Scheme Administrator Details

Name **Pension Practitioner .Com Limited**

Address **Daws House, 33-35 Daws Lane
London, NW7 4SD**

Signature

Date

8. ACCOUNT INTRODUCER DETAILS

Name of Company **Pension Practitioner .Com Limited**

Address **Daws House
33-35 Daws Lane
London**

Post code **NW7 4SD**

Telephone Number **08006344862**

Contact Name **Brad Davis / Georgina Stuliglowa**

Email **info@pensionpractitioner.com**