

## Pension Scheme Account Opening Request

To: The Manager, Partnerships Dept, Metro Bank PLC, One Southampton Row, London, WC1B 5HA

### 1. PENSION SCHEME DETAILS

Type and Name of Pension Scheme (e.g. SIPP, SSAS, Occupational)

Type: SSAS      Name: Mersey 55 Retirement Scheme

Full Name and Correspondence address of Scheme

Mersey 55 Retirement Scheme

Pension Practitioner.Com, Daws House, 33-35 Daws Lane, London, NW7 4SD

Is Scheme registered with HMRC?

☒ Yes    ☐ No

If yes, please provide registration number below

08541477

Does employer pay premiums/ contributions?

If yes please complete sections A and B

☐ Yes    ☒ No

Full Name and Address of Professional Scheme Trustee (if applicable)

N/A

A: Full Name and Address of Employer

B: Company Registration Number

### 2. TRUSTEES DETAILS

#### First Trustee

Title (Mr, Mrs, Miss)

Mr

Surname

Williams

First Name

Paul

Middle Name(s)

Jason

Nationality

British

Gender

Male

Date of Birth

22-Dec-1970

Home Telephone  
Number

Work Telephone  
Number

Mobile Number

07561 109952

Email Address

poolman19702000@Yahoo.com

Address

130 Haldens  
Welwyn Garden City  
Herts

Postcode

AL7 1DG

#### Second Trustee

Title (Mr, Mrs, Miss)

Mr

Surname

Dalton

First Name

Peter

Middle Name(s)

David

Nationality

British

Gender

Male

Date of Birth

30-May-1962

Home Telephone  
Number

01527 401154

Work Telephone  
Number

Mobile Number

Email Address

pete382@btinternet.com

Address

29 Reyde Close  
Redditch

Postcode

B97 5RS



## Pension Scheme Account Opening Request

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### 3. SCHEME MEMBER DETAILS (continued)

#### Third Scheme Member

Title (Mr, Mrs, Miss)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

#### Fourth Scheme Member

Title (Mr, Mrs, Miss)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

### 4. CHOOSE YOUR ACCOUNT(S)

I/We would like to open: ☐ An Instant Access Savings Account ☐ A Fixed Term Savings Account (please complete Section 5)

☒ A Community Account

☐ Is a cheque book required ☐ Is a paying in book required

### 5. YOUR FIXED TERM DEPOSIT DETAILS

Amount to be deposited  Term (months)

Funds to be deposited by: ☐ Cheque made payable to Metro Bank

☐ Electronic transfer from another bank

Interest must be credited to an alternative Metro Bank account, please select one of the following options:

☐ Credit interest to the Instant Access Savings Account/Community Account applied for as indicated above

☐ Credit interest to an existing Metro Bank Account number



**Pension Scheme Account Opening Request**

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**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**

Date

**Second Trustee Signature**

Date

**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 Stuliglwa

Email info@pensionpractitioner.com