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Metro Bank Plc One Southampton Row London WC1B 5HA

Date:

Dear Team,

Account Number: 14774898

Please accept this letter as my request to close the above account with immediate effect. Please arrange to transfer any remaining balance to the follow account.

Account Name: MILLER SSAS Account Number: Sort Code: Payment Ref: MILLER SSAS

Heather Ann Miller

Jason Richard Miller

We hereby give our consent to the closure of the above account and a transfer out of the closing balance as requested above.

Authorised Signatory - Pension Practitioner. Com Limited