## **International Payment Instruction**

AIB BANK PLC Bank 1. CUSTOMER DETAILS NGCS Retirement Scheme Customer name Sort Code 3 8 3 9 Account number 4 9 0 8 2. PAYMENT DETAILS Currency Date to be actioned Amount in numbers 40,000.00 27/06/2019 GBP (to be sent in) Amount in words Forty Thousand Pounds Only. 3. BENEFICIARY DETAILS Beneficiary Name CARLTON JAMES MOLLITIUM OFFSHORE FUND MANAGER PLATFORM SPC **Beneficiary Address** 3rd Floor Citrus Grove, Goring Avenue, George Town, Grand Cayman **Beneficiary Account** 01906101 Number or IBAN\* \*IBAN is required for ALL Euro payments Payment Reference CARLTON JAMES DIVERSIFIED ALPHA FUND SP / NGCS 4. BENEFICIARY BANK DETAILS Beneficiary Bank DMS Bank & Trust Ltd Name Beneficiary Bank 20 GENESIS CLOSE, GRAND CAYMAN KY1 1104 Address Beneficiary Bank C | A | Y | I | K | Y | K | Y | X | X | X SWIFT Code or **ABA Routing Number** 5. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution) Intermediary Bank BANK OF NEW YORK MELLON Name Intermediary Bank LONDON, ENGLAND Address IBAN:GB24IRVT70022574299860 Intermediary Bank G B 2 SWIFT Code or **ABA Routing Number** 

| 6. PURPOSE OF TRANSACTION - Descr  | TIPUOT   |
|--|--|
| Pension Fund Investment  |  |
| We authorise the scheme administrator to mak   | se the payment on the date stated on this form in accordance |
| with the following authorised account signature  | es   |
| 7. SIGNATURE   |  |
|  |  |
|  | 2nd Signatory - if applicable                                |
| 1st Signatory  | 2nd Signatory - if applicable                                |
|  | 2nd Signatory - if applicable                                |
| 1st Signatory  Figure 1: 10 to | 2nd Signatory - if applicable  Name                          |
|  |  |