


## Account Closure Request Form

To: Metro Bank  
One Southampton Row  
London  
WC1B 5HA

From: Trustees of NWMG Pension Scheme


 13. ~~29~~ Hulme Lane  
Lower Peover  
Cheshire  
WA16 9QY

**Account Name: NWMG Pension Scheme**

**Account Number: 15917528**


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

Account Name: R D Williams  
Account Number: 86569624  
Sort Code: 20-53-77  
Reference: Trustee Fees

  
.....  
TRUSTEE

Date: 05/03/2019

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 of  
Pension Practitioner

Date: 05/03/2019