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Date:

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	ment Instruction ents & CHAPs)	2 A	S Allied Irish Bank (GB)
V.A.M. Register	red Scheme Administra	ator	
1. Customer de	tails		
Customer Name	s Property Executive P	Pension Account Number	0 4 9 1 9 0 8 8
2. Payment deta	ails		
Payment Type Faster Payment (No CHAPs (£25.00 Fee Account To Account	e)		
Amount (GBP)	L 8 7 3 9 1 0	) 0 Date To Proces	ss 2 9 0 4 2 0 2 2
Amount in Words	undred and eighty seven the	ousand, three hundre	d and ninety one pounds and zero pence
3. Beneficiary I	nformation		
Beneficiary Name	Pegasus Property E	Executive Pens	ion
Beneficiary Sort Code Beneficiary Account		D 5 0 8	
Number Payment Reference (if applicable)	Transfer to Metro B		
4. Customer Sig Authorised Signature	jnature	Authorised Sign	ature
DocuSigned by: 1BECC7E859B04BF			
Date: 14/5/2	2022	Date:	
FOR INTERNAL USE ON		;	
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Signature:							
Date:	D	D	$\mathbb{N}$	M	Y	Y	Υ