

The Bank is legally required to verify your identity and make enquiries about your organisation before it can consider opening an account. The information requested in this form is necessary to undertake those enquiries. It may be necessary for the Bank to obtain further information from you. You must notify any third parties named in this form that their information will be used in this way.

Please complete this form in BLOCK CAPITALS and in black ink.

1. Trust details

Full trust name

RMS PENSION SCHEME

Registration number (where applicable)

00801957RW

2. Trustee details

Please complete the details (including the current residential addresses) of the trustees. For corporate trustees, please contact your Relationship Manager who will provide additional guidance.

Please also provide copies of the trust deed and all subsequent amendments to the deed if this has not already been provided to your Relationship Manager.

2.1 First trustee

Title	Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	
First name	CHARLES					
Middle name(s)	REID					
Surname	RUSSELL					
Address line 1	36 PETREL WAY					
Address line 2	HAWKINGE					
Address line 3	FOLKESTONE					
Address line 4 OR overseas country	KENT			Postcode	CT18	76Z
Position held	FINANCIAL DIRECTOR					
Contact telephone number (including extension if applicable)	01580 895780					
Fax number	01580 895799					
Date of birth	21061946					
Nationality/ies	BRITISH					

Is the trustee an existing personal customer of RBS Group? * Yes ☐ No ☐

If yes - Sort code

Account number

2.2 Second trustee

Title Mr ☐ Mrs ☒ Miss ☐ Ms ☐ Other ☐

First name

Middle name(s)

Surname

Address line 1

Address line 2

Address line 3

Address line 4 OR overseas country Postcode

Position held

Contact telephone number (including extension if applicable)

Fax number

Date of birth

Nationality/ies

Is the trustee an existing personal customer of RBS Group? * Yes ☐ No ☐

If yes - Sort code

Account number

3. Beneficiaries

Please complete the details (including the current residential addresses) of anyone who is specified in the trust deed as being a beneficiary of the trust.

3.1 First beneficiary

Entitlement percentage %

Title Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name(s)

Surname

Address line 1

Address line 2

Address line 3 **FOLKESTONE**
Address line 4 OR overseas country **KENT** Postcode **CT18** **76Z**
Position held **FINANCIAL DIRECTOR**

Contact telephone number (including extension if applicable) **01580 895780**

Fax number **01580 895799**

Date of birth **21061946**

Nationality/ies **BRITISH**

Is the beneficiary an existing personal customer of RBS Group? * Yes ☐ No ☐

If yes - Sort code Account number

3.2 Second beneficiary

Entitlement percentage **50** %

Title Mr ☐ Mrs ☒ Miss ☐ Ms ☐ Other ☐

First name **TORILL**

Middle name(s) **CATHERINE**

Surname **RUSSELL**

Address line 1 **36 PETREL WAY**

Address line 2 **HAWKINGE**

Address line 3 **FOLKESTONE**

Address line 4 OR overseas country **KENT** Postcode **CT18** **76Z**

Position held **FINANCIAL DIRECTOR**

Contact telephone number (including extension if applicable) **01580 895795**

Fax number **01580 895799**

Date of birth **21061946**

Nationality/ies **BRITISH**

Is the beneficiary an existing personal customer of RBS Group? * Yes ☐ No ☐

If yes - Sort code Account number

3.3 Third beneficiary

Entitlement percentage %

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name(s)

Surname

Address line 1

Address line 2

Address line 3

Address line 4 OR overseas country Postcode

Position held

Contact telephone number (including extension if applicable)

Fax number

Date of birth

Nationality/ies

Is the beneficiary an existing personal customer of RBS Group? Yes ☐ No ☐

If yes - Sort code Account number

3.4 Fourth beneficiary

Entitlement percentage %

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name(s)

Surname

Address line 1

Address line 2

Address line 3

Address line 4 OR overseas country Postcode

Position held

Contact telephone number
(including extension if applicable)

Fax number

Date of birth

Nationality/ies

Is the beneficiary an existing personal customer of RBS Group? Yes ☐ No ☐

If yes - Sort code Account number

3.5 Fifth beneficiary

Entitlement percentage %

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name(s)

Surname

Address line 1

Address line 2

Address line 3

Address line 4 OR
overseas country Postcode

Position held

Contact telephone number
(including extension if applicable)

Fax number

Date of birth

Nationality/ies

Is the beneficiary an existing personal customer of RBS Group? Yes ☐ No ☐

If yes - Sort code Account number

3.6 Sixth beneficiary

Entitlement percentage %

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name(s)

Surname

Address line 1

Address line 2

Address line 3

Address line 4 OR
overseas country

 Postcode

Position held

Contact telephone number
(including extension if applicable)

Fax number

Date of birth

Nationality/ies

Is the beneficiary an existing personal customer of RBS Group?

Yes

☐

No

☐

If yes - Sort code

Account number

4. Additional Party details

If you need to supply the details for any additional parties, please ask your Relationship Manager for supplementary details forms and tick this box ☐

5. Declaration and Signature

To enable us to complete our due diligence enquiries, this form must be signed by a trustee of the trust or foundation as detailed on this form.

We will use the information supplied on this form for the purposes of checking identity and to undertake money laundering checks. We may obtain information about the trustees, beneficiaries, and other parties set out in this form from credit reference agencies, Group records and other third parties for these purposes.

By signing:

- You confirm the details provided are correct.
- You will notify any third parties named in the form that their information will be used in the way described at the start of the form.

Signed for and on behalf of
(Organisation name)

RMS PENSION SCHEME

in accordance with the authority held by the Bank

Customer signature

Name (in full) TORILL CATHERINE RUSSELL

Position held FINANCIAL DIRECTOR

Date 25/09/2013

For Relationship Manager use

KYC Case ID