

16 January 2020

Dear Gavin,

Documents signed and endorsed to enable  
you to open our UTB account.

Best wishes for 2020

With Compliments



**SPRINGFIELD**

[www.springfieldpapers.com](http://www.springfieldpapers.com)

☎ 0117 961 9049

☎ 0117 960 2544

✉ [sales@springfieldpapers.com](mailto:sales@springfieldpapers.com)

📍 Springfield Business Papers  
Spectrum House  
St Ivel Way, Warmley  
Bristol BS30 8TY

## APPOINTMENT OF BANKERS RESOLUTION

**Date:**

**Parties:**

John Coldrick

Margaret Coldrick

Acting jointly as Managing Trustees of the Springfield Pension Scheme

**Whereas**

The Managing Trustees wish to appoint United Trust Bank Limited, 1 Ropemaker Street. London. EC2Y 9AW as a banking deposit provider to the Scheme.

The Managing Trustees have considered the Money Laundering Requirements for the opening of the account.

*The Managing Trustees have jointly resolved that:*

1. United Trust Bank Limited, 1 Ropemaker Street. London. EC2Y 9AW is appointed as banking deposit provider to the Scheme

*The Managing Trustees have jointly resolved and confirm that:*

2. The Managing Trustees have the power to add and remove Trustees and Beneficiaries for the Scheme.
3. The identity of the beneficiaries are John Coldrick and Margaret Coldrick whom hold 100% beneficial interest in the fund.
4. The Settlers of the fund have no beneficial interest in the funds capital.
5. There are no anonymous principals or beneficiaries.

Signed:



**John Coldrick**

Signed:



**Margaret Coldrick**

## Business Application (including Trusts & Pensions)

Please complete all sections in full

### Section A

#### Your organisation's details

Organisation name:

SPRINGFIELD PENSION SCHEME

Legal status:

(i.e. company/trust/partnership/charity/pension trustee etc.) TRUST

Registration number:

(as applicable)

Date established: 7 OCTOBER 2009

Nature of business: PENSION FUND

Number of years trading: 10 YEARS

Website: N/A

Registered address:

Spectrum House, St Ivel Way

Warmley

Bristol

Postcode: BS30 8TY

Country: UK

Address for correspondence:

Venture Wales Building, Pentrebach

Merthyr Tydfil

Postcode: CF48 4DR

Country: Wales

Contact name: Emily McAlister

Position: Administrator

Telephone: 0800 634 4862

Mobile:

Fax:

Email: emily@pensionpractitioner.com

### Section B

Your nominated bank account (for transferring funds to, and receiving funds from, your new account)

Account name: SPRINGFIELD PENSION SCHEME

A/c number: 04919088

Sort code: 23-83-96

Branch name: AIB - Manchester

### Section C

#### Your new account

Type of new account required (please check available products)

#### Notice deposit

Period \_\_\_\_\_ days

#### Fixed deposit

Term \_\_\_\_\_ months/years  
(delete as appropriate)

☐ Please tick here if you require annual interest payments  
(Otherwise interest will be compounded)

#### Opening balance

We wish to open a deposit account on the basis set out above  
with an initial deposit of

£: 300,000.00 by:

Choose one of the options below:

- ☐ Cheque made payable to United Trust Bank Limited or  
organisation eg: Example Ltd - enclosed with this application
- ☐ Cheque made payable to United Trust Bank Limited or organisation  
eg: Example Ltd - to be sent once your account has been opened
- ☐ CHAPS, BACS or Faster Payment once your account has been opened

### Section D

Please confirm you are registered in the UK for tax purposes

☒

Are you registered in another country outside of the UK for  
tax purposes? ☒ No ☐ Yes

Non-UK tax residency country:

Tax reference number: 00744866RH





**Section E Authorised signatories to the account**

**(The first signatory must be a director, partner, owner, trustee or chairperson)**

Please provide details of all beneficial owners/ beneficiaries with 25% or more of the issued share capital, voting rights or capital interest.

**1.**

Name: John Coldrick

Position: Trustee

Date of birth: 19-04-1947

Country of birth: UK

Nationality: British

National Insurance number: YK611423D

Residential address: Ram Hill, Coalpit Heath,

Bristol

Postcode: BS36 2TZ

Tel No: 117 961 9049

Previous address: (if less than 3 years at above address)

Postcode:

**3.**

Name:

Position:

Date of birth:

Country of birth:

Nationality:

National Insurance number:

Residential address:

Postcode:

Tel No:

Previous address: (if less than 3 years at above address)

Postcode:

**2.**

Name: Margaret Coldrick

Position: Trustee

Date of birth: 8-9-1943

Country of birth: UK

Nationality: British

National Insurance number: YE040376A

Residential address: Ram Hill, Coalpit Heath,

Bristol

Postcode: BS36 2TZ

Tel No: 0117 961 9049

Previous address: (if less than 3 years at above address)

Postcode:

**4.**

Name:

Position:

Date of birth:

Country of birth:

Nationality:

National Insurance number:

Residential address:

Postcode:

Tel No:

Previous address: (if less than 3 years at above address)

Postcode:

If more than four individuals are required to fulfill signatory and beneficial owner requirements, please provide the information on a duplicate sheet.



## Section F

### Account Mandate

#### Signing arrangements

Please tick one box only. Instructions to operate this account will require:

☒ Any one signatory ☐ Any two signatories ☐ All signatories ☐ Other: \_\_\_\_\_

Please ensure the signature stays within the designated area.

#### Sole/First signatory

Signature:

*John Coldrick*

Date:

Name: John Coldrick

Please provide your identity document details in the area below:  
(Please refer to Section J for guidance)

Document type:

#### Second signatory

Signature:

*Margaret Coldrick*

Date:

Name: Margaret Coldrick

Please provide your identity document details in the area below:  
(Please refer to Section J for guidance)

Document type:

#### Third signatory

Signature:

Date:

Name:

Please provide your identity document details in the area below:  
(Please refer to Section J for guidance)

Document type:

#### Fourth signatory

Signature:

Date:

Name:

Please provide your identity document details in the area below:  
(Please refer to Section J for guidance)

Document type:

## Section G

### How did you hear about United Trust Bank Limited?

Please choose one option from the list below:

- ☐ Existing customer  
☒ Recommendation  
☐ United Trust Bank Limited website  
☐ Other website or search engine (please provide details below)

If more than four individuals are required to fulfill signatory and beneficial owner requirements, please provide the information on a duplicate sheet.





## Section H

### Marketing Consent

At United Trust Bank Limited we take your privacy and the security of the data you provide to us seriously.

Occasionally we would like to provide your organisation with details of the deposit accounts, savings rates and other products that we offer.

If you provide your consent for your organisation to receive these details, you are free to withdraw it at any time in the future. You can do this by visiting [www.utbank.co.uk/preference-centre](http://www.utbank.co.uk/preference-centre) or by giving us a call on 020 7190 5555.

We will only ever use your information in accordance with any legal rights we have and always in accordance with our Privacy Notice: [www.utbank.co.uk/privacy-policy](http://www.utbank.co.uk/privacy-policy)

Please note that we will never pass your organisation's details to any third party for marketing purposes.

Please confirm your preferences below:

- ☐ **My organisation would like to receive information from United Trust Bank Limited, regarding Deposit accounts, savings rates and other products that you offer.**

Please let us know the ways in which you are happy for us to contact your organisation by ticking those that apply:

- ☐ Phone/SMS  
☐ Email  
☐ Post

- ☐ **My organisation does not wish to receive such information from United Trust Bank Limited.**



## Section I

### Agreement

We agree to be bound by the General Terms and Conditions and any Additional Terms and Conditions applying to this account or any other account we open with United Trust Bank Limited. We authorise you to make any enquiries that you consider necessary to confirm the details in this application. The information provided in this application is true to the best of our knowledge and the specimen signatures are correct.

We hereby certify that The Organisation has the power to open the account applied for and if required we can produce evidence of the appropriate authority to confirm that the deposit may be made. We confirm that the account we are opening and the money we are investing is on behalf of The Organisation named in this application.

We authorise you to act on the instructions of the authorised signatories named in this application. We acknowledge that we agree to indemnify United Trust Bank Limited fully in the event of any losses, claims or costs, which United Trust Bank Limited may suffer from accepting and enacting instructions provided by The Organisation in accordance with this mandate. We will inform United Trust Bank Limited immediately, in writing, if the authorised signatories are to be changed. We will inform the bank immediately, in writing, should The Organisation's tax status or beneficial owners change.

We confirm that The Organisation named in this application is a UK resident entity and that we will inform United Trust Bank Limited immediately, in writing, if the entity or any named individual cease to be a UK resident.

We confirm that we have read a copy of the Terms and Conditions for the Bank's business accounts in force from time to time and agree to be bound by these.

In order to process your application, United Trust Bank Limited will perform an identity check on your organisation and any individuals named in the application with one or more credit reference agencies ("CRAs"). To do this, United Trust Bank Limited will supply information to CRAs and they will give us information about the organisation and the individuals. CRAs will supply to us both public (including the electoral register) and shared credit, financial situation and financial history information and fraud prevention information.

United Trust Bank Limited will use this information to:

- Verify the accuracy of the data you have provided to us
- Prevent criminal activity, fraud and money laundering
- Verify the identity of The Organisation and the individuals

When CRAs receive a search from us they will place a search footprint on your credit file that may be seen by other lenders.

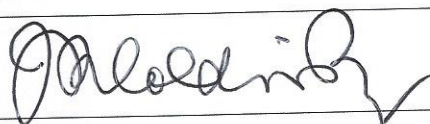
The identities of the CRA's, their role also as fraud prevention agencies, the data they hold, the ways in which they use and share personal information, data retention period and your data protection rights with the CRA's are explained in more detail within the Credit Reference Agencies Information Document (CRAIN). The CRAIN for the CRAs we use can be found at:

Call Credit: [www.callcredit.co.uk/crain](http://www.callcredit.co.uk/crain) Equifax: [www.equifax.co.uk/crain](http://www.equifax.co.uk/crain) Experian: [www.experian.co.uk/crain](http://www.experian.co.uk/crain)

If you do not have access to the internet or would prefer a paper copy, please contact us on 020 7190 5555.  
We will also use your information in accordance with our Privacy Notice which has been previously provided to you.

A further copy can be found at [www.utbank.co.uk/privacy-notice](http://www.utbank.co.uk/privacy-notice) or contact the Data Protection Officer on 020 7190 5555.

#### Signed\*



I have received and read a copy of the Depositor Protection Information Sheet ☒

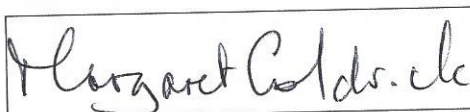
Date: \_\_\_\_\_

Name: John Coldrick

Position: Trustee

\* by either: two directors (where applicable) or;  
two partners (Partnerships and LLPs) or;  
two trustees (Trusts and pensions) or;  
the business owner (sole traders);  
two of the chairperson, secretary and treasurer (Clubs, Associations and Societies)

#### Signed\*



I have received and read a copy of the Depositor Protection Information Sheet ☒

Date: \_\_\_\_\_

Name: Margaret Coldrick

Position: Trustee





## Section J

### Verification of identity

It is a statutory requirement for all financial services firms in the UK to confirm a client's identity and address to assist in the prevention of financial crime and fraud. As a result of these regulations we will only be able to open an Account for you once the required information has been included and the relevant documents have been provided. This section will help you to ascertain which documents are required. Regulations require us to verify the identity of all signatories for each new account. In addition to the requirements applicable to your organisation all signatories **must** provide the **documents in list A**.

#### List A – Signatories, Shareholders, Partners, Trustees, Beneficiaries

Regulations require us to verify the identity of all account holders, signatories, shareholders, partners trustees and beneficiaries for each new account. To do this we require a copy of an identity document for each individual. The document must be one of the following:

- Valid Passport
- Valid UK Photocard Driving Licence
- HMRC tax notification dated within the last 12 months
- Department of Work & Pensions Communication dated within the last 12 months
- Valid Firearms Certificate
- Valid Armed Forces or National ID Card
- Police Warrant Card

#### List B – Listed Public Limited Companies

- Confirmation of listing on a Recognised Stock Exchange (LSE, NYSE, Euronext etc)

#### List C – Private Limited Companies and Unlisted Public Limited Companies

- Evidence of identity of at least one director who must be signatory to the account mandate and signatory to the application agreement (list A)
- Evidence of identity of all beneficial owners with 25% or more of the issued share capital or voting rights (List A)

#### List D – Trust

- Evidence of identity of all Settlers/Trustors, Trustees, Controllers or parties who have the power to add or remove Trustees and Beneficiaries (list A)
- Evidence of identity of Beneficiaries with 25% or more capital interest (list A)
- Evidence of any corporate Trustees (regulated Corporate trustee firms need to provide details of their regulatory body and unregulated firms – refer to list C)
- Confirmation from the Trustees that there are no anonymous principals or beneficiaries
- An original or certified copy of the trust deed and any supplement thereto

#### List E – Charities

- List of Trustees
- Evidence of identity of at least two trustees, both must sign the application agreement and both must be signatory to the account mandate (List A)
- Copy of the latest annual report and accounts

#### List F – Partnership

- Documents as per list A for each partner
- Copy of the partnership agreement

#### List G – Sole Traders

- Evidence of identity of the proprietor (List A)

#### List H – Clubs and Associations

- Please contact United Trust Bank Limited

### Checklist:

Before you send us your application, please ensure the following are checked:

- All pages of your application form have been completed
- Marketing Consent completed
- Depositor Protection Information Sheet acknowledgement box completed and sheet retained for your records
- A photocopy of each applicant's ID is enclosed
- A signed cheque is enclosed (unless cheque to follow or a bank transfer is to be made once the account is open)



**TRANSFER ON  
OPENING OF  
ACCOUNT**







# Financial Services Compensation Scheme (FSCS) Depositor Protection Information Sheet

## Basic information about the protection of your eligible deposits

Eligible deposits in United Trust Bank Limited are protected by:	<b>The Financial Services Compensation Scheme ("FSCS")<sup>1</sup></b>
Limit of protection:	<b>£85,000 per depositor per bank / building society / credit union<sup>2</sup></b>
If you have more eligible deposits at the same bank / building society / credit union:	<b>All your eligible deposits at the same bank / building society / credit union are "aggregated" and the total is subject to the limit of £85,000<sup>2</sup>.</b>
If you have a joint account with other person(s):	<b>The limit of £85,000 applies to each depositor separately.<sup>3</sup></b>
Reimbursement period in case of bank / building society / credit union's failure:	<b>20 working days<sup>4</sup></b>
Currency of reimbursement:	<b>Pounds sterling (GBP, £) or, for branches of the UK banks operating in other EEA Member States, the currency of that State.</b>
To contact United Trust Bank Limited for enquiries relating to your account:	<b>United Trust Bank Limited</b> <b>Deposits Department</b> <b>1 Ropemaker Street</b> <b>London</b> <b>EC2Y 9AW</b>  <b>Tel: 020 7190 5599</b> <b>Email: <a href="mailto:deposits@utbank.co.uk">deposits@utbank.co.uk</a></b>
To contact the FSCS for further information on compensation:	<b>Financial Services Compensation Scheme</b> <b>10th Floor Beaufort House</b> <b>15 St Botolph Street</b> <b>London</b> <b>EC3A 7QU</b>  <b>Tel: 0800 678 1100 or 020 7741 4100</b> <b>Email: <a href="mailto:ICT@fscs.org.uk">ICT@fscs.org.uk</a></b>
More information:	<b><a href="http://www.fscs.org.uk">www.fscs.org.uk</a></b>

Additional information (all or some of the below)

### <sup>1</sup> Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

### <sup>2</sup> General limit of protection

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers a maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

- (a) certain transactions relating to the depositor's current or prospective only or main residence or dwelling;



- (b) a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy, or invalidity;
- (c) the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained at [www.fscs.org.uk](http://www.fscs.org.uk)

### **3. Limit of protection for joint accounts**

In case of joint accounts, the limit of £85,000 applies to each depositor.

However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.

### **4. Reimbursement**

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: [ICT@fscs.org.uk](mailto:ICT@fscs.org.uk). It will repay your eligible deposits (up to £85,000) within 20 working days until 31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayment amount available within 7 working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expense or operating cost (in the case of a depositor which is not an individual or a large company) within 5 working days of request.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained at [www.fscs.org.uk](http://www.fscs.org.uk).

### **Other important information**

In general, all retail depositors and businesses are covered by the Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

A deposit is excluded from protection if:

1. The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, building society or credit union.
2. The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
3. It is a deposit made by a depositor which is one of the following:
  - credit institution
  - financial institution
  - investment firm
  - insurance undertaking
  - reinsurance undertaking
  - collective investment undertaking
  - pension or retirement fund<sup>5</sup>
  - public authority other than a small local authority.

For further information about exclusions, refer to the FSCS website at [www.FSCS.org.uk](http://www.FSCS.org.uk)

5. Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded.

January 2019

United Trust Bank Limited, One Ropemaker Street, London EC2Y 9AW  
Telephone: 020 7190 5599 Fax: 020 7190 5550 Email: [deposits@utbank.co.uk](mailto:deposits@utbank.co.uk)  
[www.utbank.co.uk](http://www.utbank.co.uk)

Registered in England and Wales 549690  
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority





AIB BANK PLC

Sort Code: 23-83-96

## Outward Payment Instruction for Faster Payments

### 1. SCHEME DETAILS

Scheme Name

SPRINGFIELD PENSION SCHEME

Account Number

04919088

### 2. PAYMENT DETAILS

Date to be actioned

On opening of UTB account

Amount  
(GBP)

£ 300,000.00

Amount in  
Words

Three hundred thousand pounds.

### 3. BENEFICIARY

Beneficiary  
Name

Springfield Pension Scheme

Beneficiary  
Sort Code

3 0 - 0 1 - 5 1

Beneficiary Account Number

□ □ □ □ □ □ □ □

Payment Reference

SPRINGFIELD PENSION SCHEME

### 4. PURPOSE OF TRANSACTION - Description

Fixed Term Deposit of Funds

We authorise the scheme administrator to make the payment on the date stated on this form in accordance with the following authorised account signatures.

### 5. TRUSTEE SIGNATURE

1st Signatory



Name

John Coldrick

Date

11 January 2020

2nd Signatory - if applicable



Name

Date



•THERE ARE NO OFFICIAL OBSERVATIONS•

PASSPORT  
PASSEPORT

Type/Type

Code/Code

Passport No./Passeport No.

P

**GBR**

520437402

Surname/Nom (1)

COLD RICK

Given names/Prénoms (2)  
JOHN ROLAND

Nationality/Nationalité (3)

BRITISH CITIZEN

Date of birth/Date de naissance (4)  
19 APR / AVR 4

Sex/Sexe (5) Place of birth/Lieu de

M

**TETBURY**

Date of Issue/Date de délivrance (7)

Authority/Autorité: (8)

23 JAN / JAN 14

IPS

Date of expiry/Date d'expiration (9)  
23 JAN / JAN 24

Holder's signature/Signature du titulaire (10)



Gouldin

P<GBRCOLDRICK<<JOHN<ROLAND<<<<<<<<<<<<<<<<  
5204374025GBR4704199M2401232<<<<<<<<<<<<08

I Certify that this is a true copy  
of the original

Pettif

CLARE PETTIFOR ACMA FMAAT



\*THERE ARE NO OFFICIAL OBSERVATIONS

**PASSPORT**  
**PASSEPORT**

Type/Type

P

Code/Code

**GBR**

Passport No./Passeport No

519955260

Surname/Nom (1)

**COLDRICK**  
Given names/Prénoms (2)

MARGARET ISOBEL

Nationality/Nationalité (3)

BRITISH CITIZEN

Date of birth/Date de naissance (4)

08 SEP / SEPT 43

Sex/Sexe (5)	Place of birth/Lieu de naissance (6)

F ENFIELD

Date of issue/Date de délivrance (7)

23 JAN / JAN 14  
Date of expiry/Date d'expiration: (9)

23 JAN / JAN 24

Authority/Autorité: (8)

Holder's signature/Signature du titulaire (10)

Margaret Colbrich

P<GBRCOLDRICK<<MARGARET<ISOBEL<<<<<<<<<<<<<<<  
5199552602GBR4309088F2401232<<<<<<<<<<<<<<<04

I certify that this is a true copy  
of the original

Pettifer

CLARE PETTIFOR ACMA FMAAT