MR D. BAXTER
MRS. S. BAXTER
84 GODFREY WAY
GREAT DUNMOW
ESSEX
CM6 2SE.
1.7.15.

TEL NO: 07968-630241.

Dear Emily

Please find enclosed our sign declaration forms for our Investment with Investec. Any Problems Please contact me on the above mobile Number

Many Thanks
Sue Baxter.

METRO BANK

Pension Scheme Account Opening Request

To: The Manager, Partnerships Dept, Metro Bank PLC, One Southampton Row, London, WC1B 5HA

1. PENSION SCHEME DETAILS

Type and Name of Pension Scheme *(e.g. SIPP, SSAS, Occupational)*

Full Name and Correspondence address of Scheme

Is Scheme registered with HMRC? ☐ Yes ☐ No
If yes, please provide registration number below

Full Name and Address of Professional Scheme Trustee *(if applicable)*

Does employer pay premiums/ contributions? ☐ Yes ☐ No
If yes please complete sections A and B

A: Full Name and Address of Employer

B: Company Registration Number

2. TRUSTEES DETAILS

First Trustee		**Second Trustee**	
Title *(Mr, Mrs, Miss)*		Title *(Mr, Mrs, Miss)*	
Surname		Surname	
First Name		First Name	
Middle Name(s)		Middle Name(s)	
Nationality		Nationality	
Gender		Gender	
Date of Birth		Date of Birth	
Home Telephone Number		Home Telephone Number	
Work Telephone Number		Work Telephone Number	
Mobile Number		Mobile Number	
Email Address		Email Address	
Address		Address	
Postcode		Postcode	

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2. TRUSTEES DETAILS *(continued)*

Third Trustee

Title *(Mr, Mrs, Miss)*

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

Fourth Trustee

Title *(Mr, Mrs, Miss)*

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

3. SCHEME MEMBER DETAILS

First Scheme Member

Title *(Mr, Mrs, Miss)*

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

Second Scheme Member

Title *(Mr, Mrs, Miss)*

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

METRO BANK

Pension Scheme Account Opening Request

(continued)

3. SCHEME MEMBER DETAILS *(continued)*

Third Scheme Member		**Fourth Scheme Member**	
Title *(Mr, Mrs, Miss)*		Title *(Mr, Mrs, Miss)*	
Surname		Surname	
First Name		First Name	
Middle Name(s)		Middle Name(s)	
Nationality		Nationality	
Gender		Gender	
Date of Birth		Date of Birth	
Home Telephone Number		Home Telephone Number	
Work Telephone Number		Work Telephone Number	
Mobile Number		Mobile Number	
Email Address		Email Address	
Address		Address	
Postcode		Postcode	

4. CHOOSE YOUR ACCOUNT(S)

I/We would like to open:

- ☐ An Instant Access Savings Account
- ☐ A Fixed Term Savings Account *(please complete Section 5)*
- ☐ A Community Account
- ☐ Is a cheque book required
- ☐ Is a paying in book required

5. YOUR FIXED TERM DEPOSIT DETAILS

Amount to be deposited _____ Term (months) _____

Funds to be deposited by:

- ☐ Cheque made payable to Metro Bank
- ☐ Electronic transfer from another bank

Interest must be credited to an alternative Metro Bank account, please select of one of the following options:

- ☐ Credit interest to the Instant Access Savings Account/ Community Account applied for as indicated above
- ☐ Credit interest to an existing Metro Bank Account number _____

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6. MANDATE

In this section you can tell us how many Authorised Signatories you wish to appoint to assist you in the use and operation of your account. If you would like to appoint more than one Authorised Signatory, this section also lets you tell us if they can transact on your account(s) independently or if joint/multiple authorisation is required.

Please complete the following as appropriate

Completion of this Mandate authorises Metro Bank to accept all instructions given, or acts performed, in accordance with the "Our Service Relationship with Business Customers" brochure (Terms and Conditions) and/or this Mandate on behalf of the Trustees of the Pension Scheme:

- ☐ Any ONE of the Authorised Signatories
- ☐ Any TWO of the Authorised Signatories
- ☐ ALL of the Authorised Signatories
- ☐ Authorised Signatories in accordance with the specific instructions set out below:

*We may only accept payment instructions via the telephone banking service, fax or email from the Authorised Signatories as detailed above.

7. DECLARATION AND SIGNATURE(S)

Credit Reference Agencies
When you apply for a Metro Bank Community Account, Metro Bank will undertake credit checks in order to assess your eligibility for this community account and will carry out checks to verify your identity and to prevent and detect crime and money laundering for both Community and Savings Accounts. Metro Bank will search records held by credit reference agencies ('CRAs') when considering your application.

Fraud Prevention Agencies
If you give false or inaccurate information and fraud is identified or suspected, details may be passed to fraud prevention agencies and/or CRAs to prevent fraud and money laundering. Law enforcement agencies may access and use this information.

Giving Your Consent
We would like to contact you to tell you about our other products and services that we think you might be interested in. If you would prefer not to be contacted by any of the following means, please let us know by ticking the relevant box(es) below. Please tick all of the boxes if you do not want us to contact you about other products and services.

First Trustee
☐ Post ☐ Phone ☐ Text ☐ Email

Second Trustee
☐ Post ☐ Phone ☐ Text ☐ Email

Third Trustee
☐ Post ☐ Phone ☐ Text ☐ Email

Fourth Trustee
☐ Post ☐ Phone ☐ Text ☐ Email

You authorise Metro Bank to disclose details of your account(s) to your introducer as named on the application form, or their successors in title.
Use of Your Information

More information is available about how Metro Bank will use your information. You can find this at the beginning of the document ***"Our Service Relationship with Business Customers"*** included in your Welcome Pack. More detailed information is also available in our ***"Guide to the Use of Your Information"*** which can be provided on request. **By signing this form you agree to Metro Bank using your information as set out above and in the ways described in those leaflets.** You can contact us in writing at **Metro Bank PLC, One Southampton Row, London, WC1B 5HA** or **enquiries@metrobank.plc.uk** at any time if you would like us to stop using your data in a manner to which you have previously consented.

Declaration
Metro Bank's decision to offer you this community/savings account is based on the information set out in this application. By applying for this community/savings account, you declare that the information set out in this application is, to the best of your knowledge and belief, correct and not misleading. If it alters you must tell Metro Bank promptly in writing.

Your community/savings account will be subject to the terms and conditions outlined in the documents ***"Our Service Relationship with Business Customers"*** and the ***"Important Information Summary"*** for this product. If you are applying for a joint account, you acknowledge that each of you is separately responsible for complying with the document ***"Our Service Relationship with Business Customers"*** and the ***"Important Information Summary"***. If any one of you does not comply, Metro Bank can take action against any or all of you alone or together.

Before signing this form you should carefully read the document ***"Our Service Relationship with Business Customers"*** and the ***"Important Information Summary"*** for this product. If there is any term that you do not understand, please discuss it with a Metro Bank Customer Service Representative before signing.

I certify that I have reviewed the Pension Trust Deed in respect of the above named Pension Scheme and:

- The pension has been properly constituted
- The details shown above are complete and accurate
- The Trustees are empowered to open an account at Metro Bank PLC
- The Trustees are empowered to operate the account/to appoint representatives to operate the account
- To facilitate operations on the account the Trustees are empowered to utilise any electronic banking service available from Metro Bank PLC
- Third party payments are/are not permitted (delete as appropriate)
- The Trust Deed will be available for inspections by the Bank, if required and that the copy will be retained for a period of 6 (six) years after the account has closed
- The signatories on the attached account mandate have been authorised to act by the trustees of the scheme/the Trustees representatives
- We permit Metro Bank PLC to make enquiries to HMRC to confirm this scheme is registered with them for tax relief and exemptions. We authorise HMRC to provide this information to Metro Bank PLC upon request.

METRO BANK

Pension Scheme Account Opening Request

(continued)

7. DECLARATION AND SIGNATURE(S) *(continued)*

We confirm that the Account is to be subject to the Metro Bank Business Account Information Summary and the Terms and Conditions as set out in "Our Service Relationship with Business Customers" Part 4 Section 40.

First Trustee Signature

D. Baxter.

Date

Second Trustee Signature

Date

Third Trustee Signature

Date

Fourth Trustee Signature

Date

Scheme Administrator Details

Name

Address

Signature

Date

8. ACCOUNT INTRODUCER DETAILS

Name of Company

Address

Post code

Telephone Number

Contact Name

Email

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METRO BANK

Pension Scheme Account Opening Request

To: The Manager, Partnerships Dept, Metro Bank PLC, One Southampton Row, London, WC1B 5HA

1. PENSION SCHEME DETAILS

Type and Name of Pension Scheme *(e.g. SIPP, SSAS, Occupational)*

Full Name and Correspondence address of Scheme

Is Scheme registered with HMRC? ☐ Yes ☐ No
If yes, please provide registration number below

Full Name and Address of Professional Scheme Trustee *(if applicable)*

Does employer pay premiums/ contributions? ☐ Yes ☐ No
If yes please complete sections A and B

A: Full Name and Address of Employer

B: Company Registration Number

2. TRUSTEES DETAILS

First Trustee		**Second Trustee**	
Title *(Mr, Mrs, Miss)*		Title *(Mr, Mrs, Miss)*	
Surname		Surname	
First Name		First Name	
Middle Name(s)		Middle Name(s)	
Nationality		Nationality	
Gender		Gender	
Date of Birth		Date of Birth	
Home Telephone Number		Home Telephone Number	
Work Telephone Number		Work Telephone Number	
Mobile Number		Mobile Number	
Email Address		Email Address	
Address		Address	
Postcode		Postcode	

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Pension Scheme Account Opening Request

To: The Manager, Pensionsalliance Legal Mary Sue PLC One Cordwainer Row London WC1B 8YA

[illegible]

Type and Name of Pension Scheme (eg. SIPP, SSAS, Occupational)

Name and Contact Details of Sponsor

Is Scheme registered with HMRC? Yes No

Does employer pay contributions? Yes No

Has Scheme been registered with Pension Regulator before?

Does employer employ [illegible]?

Trustee Name and Address or Pension Scheme Trustee (if applicable)

Administrator Name and Address (if applicable)

First Trustee	Second Trustee
Title (Mr, Mrs, Miss)	Title (Mr, Mrs, Miss)
Surname	Surname
First Name	First Name
Middle Name(s)	Middle Name(s)
Nationality	Nationality
Gender	Gender
Date of Birth	Date of Birth
Home Telephone Number	Home Telephone Number
Work Telephone Number	Work Telephone Number
Mobile Number	Mobile Number
Email Address	Email Address
Address	Address
Postcode	Postcode

2. TRUSTEES DETAILS *(continued)*

Third Trustee

Title *(Mr, Mrs, Miss)*

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

Fourth Trustee

Title *(Mr, Mrs, Miss)*

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

3. SCHEME MEMBER DETAILS

First Scheme Member

Title *(Mr, Mrs, Miss)*

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

Second Scheme Member

Title *(Mr, Mrs, Miss)*

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

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METRO BANK

Pension Scheme Account Opening Request

(continued)

3. SCHEME MEMBER DETAILS *(continued)*

Third Scheme Member		**Fourth Scheme Member**	
Title *(Mr, Mrs, Miss)*		Title *(Mr, Mrs, Miss)*	
Surname		Surname	
First Name		First Name	
Middle Name(s)		Middle Name(s)	
Nationality		Nationality	
Gender		Gender	
Date of Birth		Date of Birth	
Home Telephone Number		Home Telephone Number	
Work Telephone Number		Work Telephone Number	
Mobile Number		Mobile Number	
Email Address		Email Address	
Address		Address	
Postcode		Postcode	

4. CHOOSE YOUR ACCOUNT(S)

I/We would like to open:

- ☐ An Instant Access Savings Account
- ☐ A Fixed Term Savings Account *(please complete Section 5)*
- ☐ A Community Account
- ☐ Is a cheque book required
- ☐ Is a paying in book required

5. YOUR FIXED TERM DEPOSIT DETAILS

Amount to be deposited _____ Term (months) _____

Funds to be deposited by:

- ☐ Cheque made payable to Metro Bank
- ☐ Electronic transfer from another bank

Interest must be credited to an alternative Metro Bank account, please select of one of the following options:

- ☐ Credit interest to the Instant Access Savings Account/ Community Account applied for as indicated above
- ☐ Credit interest to an existing Metro Bank Account number ☐☐☐☐☐☐☐☐

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Pension Scheme Account Opening Request

Third Scheme Member

Title (Mr, Mrs, etc)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

Fourth Scheme Member

Title (Mr, Mrs, etc)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

Why would you like to open

An Instant Access Savings Account

A Community Account

A Fixed Term Savings Account (please complete Section 6)

a cheque book required

a passing in book required

Amount to be deposited

Funds to be deposited by

Total Initial Deposit

Interest must be credited to an account in the Same Name as account holder(s) or (if following conditions

Credit interest to an existing Account in the Same Name as the initial deposit

Open a New Account

6. MANDATE

In this section you can tell us how many Authorised Signatories you wish to appoint to assist you in the use and operation of your account. It you would like to appoint more than one Authorised Signatory, this section also lets you tell us if they can transact on your account(s) independently or if joint/multiple authorisation is required.

Please complete the following as appropriate

Completion of this Mandate authorises Metro Bank to accept all instructions given, or acts performed, in accordance with the "Our Service Relationship with Business Customers" brochure (Terms and Conditions) and/or this Mandate on behalf of the Trustees of the Pension Scheme:

- ☐ Any ONE of the Authorised Signatories
- ☐ Any TWO of the Authorised Signatories
- ☐ ALL of the Authorised Signatories
- ☐ Authorised Signatories in accordance with the specific instructions set out below:

*We may only accept payment instructions via the telephone banking service, fax or email from the Authorised Signatories as detailed above.

7. DECLARATION AND SIGNATURE(S)

Credit Reference Agencies
When you apply for a Metro Bank Community Account, Metro Bank will undertake credit checks in order to assess your eligibility for this community account and will carry out checks to verify your identity and to prevent and detect crime and money laundering for both Community and Savings Accounts. Metro Bank will search records held by credit reference agencies ('CRAs') when considering your application.

Fraud Prevention Agencies
If you give false or inaccurate information and fraud is identified or suspected, details may be passed to fraud prevention agencies and/or CRAs to prevent fraud and money laundering. Law enforcement agencies may access and use this information.

Giving Your Consent
We would like to contact you to tell you about our other products and services that we think you might be interested in. If you would prefer not to be contacted by any of the following means, please let us know by ticking the relevant box(es) below. Please tick all of the boxes if you do not want us to contact you about other products and services.

First Trustee
☐ Post ☐ Phone ☐ Text ☐ Email

Second Trustee
☐ Post ☐ Phone ☐ Text ☐ Email

Third Trustee
☐ Post ☐ Phone ☐ Text ☐ Email

Fourth Trustee
☐ Post ☐ Phone ☐ Text ☐ Email

You authorise Metro Bank to disclose details of your account(s) to your introducer as named on the application form, or their successors in title.
Use of Your Information

More information is available about how Metro Bank will use your information. You can find this at the beginning of the document ***"Our Service Relationship with Business Customers"*** included in your Welcome Pack. More detailed information is also available in our ***"Guide to the Use of Your Information"*** which can be provided on request. **By signing this form you agree to Metro Bank using your information as set out above and in the ways described in those leaflets.** You can contact us in writing at **Metro Bank PLC, One Southampton Row, London, WC1B 5HA** or **enquiries@metrobank.plc.uk** at any time if you would like us to stop using your data in a manner to which you have previously consented.

Declaration
Metro Bank's decision to offer you this community/savings account is based on the information set out in this application. By applying for this community/savings account, you declare that the information set out in this application is, to the best of your knowledge and belief, correct and not misleading. If it alters you must tell Metro Bank promptly in writing.

Your community/savings account will be subject to the terms and conditions outlined in the documents ***"Our Service Relationship with Business Customers"*** and the ***"Important Information Summary"*** for this product. If you are applying for a joint account, you acknowledge that each of you is separately responsible for complying with the document ***"Our Service Relationship with Business Customers"*** and the ***"Important Information Summary"***. If any one of you does not comply, Metro Bank can take action against any or all of you alone or together.

Before signing this form you should carefully read the document ***"Our Service Relationship with Business Customers"*** and the ***"Important Information Summary"*** for this product. If there is any term that you do not understand, please discuss it with a Metro Bank Customer Service Representative before signing.

I certify that I have reviewed the Pension Trust Deed in respect of the above named Pension Scheme and:

- The pension has been properly constituted
- The details shown above are complete and accurate
- The Trustees are empowered to open an account at Metro Bank PLC
- The Trustees are empowered to operate the account/to appoint representatives to operate the account
- To facilitate operations on the account the Trustees are empowered to utilise any electronic banking service available from Metro Bank PLC
- Third party payments are/are not permitted (delete as appropriate)
- The Trust Deed will be available for inspections by the Bank, if required and that the copy will be retained for a period of 6 (six) years after the account has closed
- The signatories on the attached account mandate have been authorised to act by the trustees of the scheme/the Trustees representatives
- We permit Metro Bank PLC to make enquiries to HMRC to confirm this scheme is registered with them for tax relief and exemptions. We authorise HMRC to provide this information to Metro Bank PLC upon request.

[illegible]

[illegible]

In this section you can tell us how many Authorised Signatories you wish to appoint to assist you in the use and operation of your account. If you would like to appoint more than one Authorised Signatory, this section also lets you tell us if they can transact on your account(s) independently or if joint/multiple authorisation is required.

Please complete the following as appropriate:

Completion of the Mandate authorises Lloyds Bank to accept all instructions given or actions performed in accordance with the "Our Service Relationship with Business Customers" policies, Terms and Conditions and/or this Mandate on behalf of the Trustees of the Pension Scheme:

Any One of the Authorised Signatories	Any Two of the Authorised Signatories
All of the Authorised Signatories	Authorised Signatories in accordance with the instructions set out below

"We may only accept payment instructions via the telephone banking service from an Authorised Signatory as defined above.

[illegible]

Credit Underwriting Agreement

[illegible] Lloyds Bank Commercial Finance Limited ("Lloyds") will undertake credit checks on the Trustees to assess eligibility for a Business Current Account and any other products or services. Lloyds Bank Commercial Finance Limited may share information about the Trustees with Credit Reference Agencies and Fraud Prevention Agencies. Lloyds Bank will record and hold by use of telephone, email ("IVR") under consideration and applications.

Fraud Prevention Agencies

If you give false or inaccurate information and Lloyds Bank Commercial Finance Limited suspects fraud, details may be passed to fraud prevention agencies such as CIFAS to prevent fraud and money laundering. Such agencies may share information and operations may also use the information.

Giving Your Consent

We would like to contact you to [illegible] products and services that we think you might be interested in. If you would prefer not to be contacted by any of the following means, please let us know by ticking the relevant box(es) below. Please tick the relevant box(es) if you do not want us to contact you about other products and services.

Post Preference

Post	Phone	Text	Email	Post	Phone	Text	Email

Third Party Preference

Post	Phone	Text	Email	Post	Phone	Text	Email

You can contact us to tell us if you do not want us to contact you in any way in relation to your application form or other products or services in this document.

More information is available about how Lloyds Bank Commercial Finance Limited can [illegible] the protection of the customer. "Our Service Relationship with Business Customers" provides information about Lloyds Bank Commercial Finance Limited's use of "Guide to the Use of Your Information" which [illegible] by clicking this form you agree to Lloyds Bank Commercial Finance Limited's use of your information as set out above and in the way identified in those documents. You can contact us in writing at Mark PLC, One Southampton Row, London, WC1B 5HA or enquiries@motorcontrol.plc.uk at any time if you would like us to stop using your data in a manner to which you have previously consented.

Declaration

Mario & Mark Electric [illegible] offer you a company [illegible] based on the information contained in this application, by applying for this commitment [illegible] confirming you declare that the information set out in this application is, to the best of your knowledge and belief, correct and not misleading. It is [illegible] that you have previously in writing.

[illegible] commitment/[illegible] will be subject to the terms and conditions contained in the document "Our Service Relationship with Business Customers" and the "Important Information Summary" for this product. If you are applying for a joint account, you acknowledge that each of you is separately responsible for complying with the document "Our Service Relationship with Business Customers" and the "Important Information Summary". If any one of you does not comply, Mario Bank can take action against all of you alone or together.

Before signing this form you should carefully read the document "Our Service Relationship with Business Customers" and the "Important Information Summary" for this product. If there is any term that you do not understand, please ask a Lloyds Bank Business Banking Relationship Manager.

I hereby that I have reviewed the Pension Trust Deed in respect of the above named Pension Scheme and:

- The pension has been properly constituted
- The details shown above are complete and accurate
- The Trustees are empowered to open an account at Lloyds Bank PLC
- The Trustees have authorised to operate the account/s specified above
- To be bound by decisions on the account the Trustees have empowered to use any [illegible] banking service available from Mark Bank PLC
- Third party payments are permitted before [illegible]
- The Trust Fund on the assistance for [illegible] by the Lloyds Bank Commercial Finance Limited for [illegible] and that the account has started
- The signatories on the attached [illegible] have been authorised to act [illegible] the Trustees of the [illegible]
- [illegible] Mario Bank PLC to make enquiries with HMRC or another tax [illegible] and [illegible]
- authorise HMRC to provide the information to Mario Bank PLC upon request.

Pension Scheme Account Opening Request

(continued)

7. DECLARATION AND SIGNATURE(S) *(continued)*

We confirm that the Account is to be subject to the Metro Bank Business Account Information Summary and the Terms and Conditions as set out in "Our Service Relationship with Business Customers" Part 4 Section 40.

First Trustee Signature

S Baxter.

Date

Second Trustee Signature

Date

Third Trustee Signature

Date

Fourth Trustee Signature

Date

Scheme Administrator Details

Name

Address

Signature

Date

8. ACCOUNT INTRODUCER DETAILS

Name of Company

Address

Post code

Telephone Number

Contact Name

Email

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