

## Pension Scheme Account Opening Request

Email to (preferred option): [Partnership.Support@metrobank.plc.uk](mailto:Partnership.Support@metrobank.plc.uk)

Post to: The Manager, Partnership Support, Metro Bank PLC, One Southampton Row, London, WC1B 5HA (if enclosing a cheque, please use this option)

### 1. PENSION SCHEME DETAILS

Type of Pension Scheme (e.g. SIPP, SSAS) Full Name of Pension Scheme

SSAS

Whitemore SSAS Retirement Scheme

Full Name of Pension Provider

RSA Scheme Administrator Ltd

Full Name and Address of Professional Trustee

Full Name and Address of Scheme Administrator (if different to Professional Trustee)

Registered Scheme Administrator Ltd  
Venture Wales  
Merthyr Tydfil  
CF48 4DR

HMRC registration number of the Pension Scheme

00830972RJ

Does Employer pay premiums/contributions?

☒ Yes ☐ No

If yes please provide Full Name and Address of Employer and the company registration number (if applicable)

Are statements required?

☐ Yes ☒ No

AVALON GUNS LIMITED  
191 High Street, Street, Somerset, BA16 0NE  
Company number 05683439

### 2. MEMBERS AND TRUSTEES *Please add below details of all scheme members and trustees*

First Scheme Member/Trustee (please delete as appropriate)

Title

MR S

Email Address

ANDY@AVALON-GUNS.COM

First Name

Joanne

Current Address

9 WILTON CLOSE  
STREET  
SOMERSET, BA16 0SZ

Middle Name(s)

Surname

Whitemore

Date moved in

25/01/2020

Date of Birth

17-07-1964

Are statements required?

☐ Yes ☒ No

Gender

Female

Is this individual a Scheme member?

☒ Yes ☐ No

Nationality

BRITISH

Is this individual a Member Trustee?

☒ Yes ☐ No

Country of Birth

ENGLAND

Is Online Banking required?

☒ Yes ☐ No

(Please note View Only Access is available.  
A mobile number is required for the setup so  
please ensure this has been completed  
on the form)

Home Telephone Number

01458 780 850

Mobile Number

07790 845380

**OPEN 7 DAYS**

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm

Local Call Centre: 0345 08 08 500 • [metrobankonline.co.uk](http://metrobankonline.co.uk) • [MetroBank\\_Help](https://twitter.com/MetroBank_Help)

## Pension Scheme Account Opening Request (continued)

### 2. TRUSTEES DETAILS (continued)

#### Second Scheme Member/Trustee (please delete as appropriate)

Title	<input type="text" value="MR"/>
First Name	<input type="text" value="Andrew"/>
Middle Name(s)	<input type="text" value="Robert"/>
Surname	<input type="text" value="Whitemore"/>
Date of Birth	<input type="text" value="04-12-1960"/>
Gender	<input type="text" value="Male"/>
Nationality	<input type="text" value="BRITISH"/>
Country of Birth	<input type="text" value="ENGLAND"/>
Home Telephone Number	<input type="text" value="01458 780 850"/>
Mobile Number	<input type="text" value="07790 845380"/>

Email Address	<input type="text" value="Andy@avalon-guns.com"/>
Current Address	<input type="text" value="9 WILTON CLOSE STREET SOMERSET BA16 0SZ"/>
Date moved in	<input type="text"/>

Are statements required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this individual a Scheme Member?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this individual a Member Trustee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Online Banking required? <small>(Please note View Only Access is available. A mobile number is required for the setup so please ensure this has been completed on the form)</small>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

#### Third Scheme Member/Trustee (please delete as appropriate)

Title	<input type="text"/>
First Name	<input type="text"/>
Middle Name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of Birth	<input type="text"/>
Gender	<input type="text"/>
Nationality	<input type="text"/>
Country of Birth	<input type="text"/>
Home Telephone Number	<input type="text"/>
Mobile Number	<input type="text"/>

Email Address	<input type="text"/>
Current Address	<input type="text"/>
Date moved in	<input type="text"/>

Are statements required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this individual a Scheme Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this individual a Member Trustee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Online Banking required? <small>(Please note View Only Access is available. A mobile number is required for the setup so please ensure this has been completed on the form)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## Pension Scheme Account Opening Request (continued)

### 7. DECLARATION AND SIGNATURE(S) (continued) Please note all trustees must sign below

#### Member Trustee(s)

Print name

Andrew Robert Whitmore

Signature

*ARW*

Date

07/07/2022

Print name

Joanne Whitmore

Signature

*JW*

Date

07-07-2022

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

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