

Pension Scheme Account Opening Request

Email to (preferred option): 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)

SSAS

Full Name of Pension Scheme

St Marks Road 1959 Ltd Executive Pension Scheme

Full Name of Pension Provider

Registered Scheme Administrator Limited

Full Name and Address of Professional Trustee

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

Registered Scheme Administrator Limited
Venture Wales
Merthyr Tydfil
CF48 4DR

HMRC registration number of the Pension Scheme

00825560RZ

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

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

First Scheme Member/Trustee (please delete as appropriate)

Title

Mr.

Email Address

wjpr1959@virginmedia.com

First Name

William

Current Address

70 ST MARKS ROAD
SOLISBURY
SP1 3AZ

Middle Name(s)

James Parish

Surname

Robertson

Date moved in

OCT 2013

Date of Birth

08-03-1959

Are statements required?

☐ Yes ☒ No

Gender

Male

Is this individual a Scheme member?

☒ Yes ☐ No

Nationality

British

Is this individual a Member Trustee?

☒ Yes ☐ No

Country of Birth

UK

Is Online Banking required?

☒ Yes ☐ No

Home Telephone Number

01722-500086

(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)

Mobile Number

N/A

OPEN 7 DAYS

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk • [MetroBank_Help](#)

Pension Scheme Account Opening Request *(continued)*

3. CHOOSE YOUR ACCOUNT(S)

- I/We would like to open: ☒ A SIPP/SSAS Account Only ☐ Please tick box if a cheque book is required
- ☐ A Fixed Term Savings Account and a SIPP/SSAS Account
(please complete Section 4)*

*Please note a SIPP/SSAS Account with Metro Bank is also required in order to open a Fixed Term Savings Account

4. YOUR FIXED TERM DEPOSIT DETAILS

Amount to be deposited Term (months)

- Funds to be deposited by: ☐ Cheque made payable to the Pension Scheme
- ☐ Electronic transfer from another bank
(account details to which funds are to be sent will be provided by Metro Bank once the SIPP/SSAS Account has been opened)

5. MANDATE

In this section you tell us how many and which Authorised Signatories are required to operate this account.

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 and/or this Mandate on behalf of the Trustees of the Pension Scheme.

Please indicate the signing instructions by ticking the appropriate box:

- ☒ Member Trustee(s) and Professional Trustee(s) to sign together
- *If this option is selected please specify number of authorised signatories on behalf of Member Trustees ☒ 1
- *If this option is selected please specify number of authorised signatories on behalf of Professional Trustees ☒ 1

OR

- ☐ Professional Trustee(s) only to sign
- *If this option is selected please specify number of authorised signatories on behalf of Professional Trustees ☐

*Please indicate below any special instructions:

The Scheme Administrator may alone debit the account for the payment of scheme expense disbursements in accordance with its terms of business and for pensioner income payments to scheme members.

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Pension Scheme Account Opening Request *(continued)*

7. DECLARATION AND SIGNATURE(S)

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.

You authorise Metro Bank to disclose details of your account(s) to your professional adviser (as detailed below) and your pension provider as named on the application form, or their successors in title.

Declaration

Metro Bank's decision to offer you this Pension Scheme Bank Account is based on the information set out in this application. By applying for this Pension Scheme Bank 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 any of the information provided in this application changes you must inform Metro Bank promptly in writing.

Your Pension Scheme Bank 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 your scheme has more than one trustee you will be 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 Pension Scheme Account Opening Request 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 Partnerships Service Centre Specialist 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
- The Trust Deed will be available for inspections by the Bank, if required and that the copy will be retained for a period of 7 years after the account has closed
- The signatories on the account mandate (section 6) have been authorised and appointed by all the trustees or 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 and we authorise HMRC to provide this information to Metro Bank PLC upon request

By signing this form we acknowledge receipt of details of the Financial Services Compensation Scheme Information Sheet.

The liability of the professional trustee as set out in section one for any indebtedness arising from time to time on the Account(s) shall be limited to the assets of the scheme.

We confirm that the Account is to be subject to the Pension Scheme Bank Account Important Information Summary and the Terms and Conditions as set out in "Our Service Relationship with Business Customers".

I/We hereby authorise Metro Bank PLC ("The Bank") to deduct from my/our Pension Scheme Bank Account such management charges/fees and adviser charges/fees as may be notified from time to time to the Bank under the sole instruction of two authorised signatories of the Professional Trustee as named in Section 1 above.

Professional Trustee(s)

Print name

Esther Salmon

Signature



Position Administrator

Date 29 September 2022

Print name

Signature

Position

Date

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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

William James Parish Robertson

Signature

W James Parish Robertson

Date

29/09/2022

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

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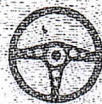
DRIVING LICENCE



1. ROBERTSON
2. WILLIAM JAMES P
3. 08.03.1959 UNITED KINGDOM
- 4a. 14.10.2013 4b. 22.11.2021 4c. DVLA
5. ROBER503089WJ7DG 38
7. *William Robertson*
8. 70 ST MARKS ROAD, SALISBURY, SP1 3AZ
9. AM/A/B1/B/C1/D1/BE/C1E/D1E/f/k/l/n/p/q

NOV24

13.



12.

9.	10.	11.	12.
AM	14.10.13	07.03.29	
A1			
A2			
A	19.01.13	07.03.29	79(tr)
B1	17.12.81	07.03.29	
B	17.12.81	07.03.29	
C1	17.12.81	07.03.29	
C			
D1	17.12.81	07.03.29	101
D			
BE	17.12.81	07.03.29	
C1E	17.12.81	07.03.29	107
CE			
D1E	17.12.81	07.03.29	101,119
DE			
fklnpq	17.12.81	07.03.29	118

1. Name 2. First name 3. Date and place of birth 4a. Date of issue 4b. Date of expiry 4c. Issued by 5. Licence number 10. Valid from 11. Valid to 12. Codes

AG27399815



Wessex Water
YTL GROUP



Mr William J Robertson
70 St. Marks Road
Salisbury
SP1 3AZ

007182

Customer number:
26937471

Payment reference:
2026937471015

Bill/tax point date:
22/08/2022

Schedule number:
01

Bill number:
3090742126

Your water services bill

1 Amount due

For the period:
15/02/2022 to
18/08/2022

Amount brought
forward:
£165.30 CR

New charges:
£228.50

Supply address:
70 St. Marks Road, Salisbury, SP1 3AZ

Total due
£63.20

See section 3
for more detail

2 Your payment plan

We have reviewed your payments in line with your use and current balance, so you don't have to do anything.

About your next payment: **£32.00**

Your first Direct Debit payment will be taken on or just after 01/09/2022.

Future payments: **£40.50**

Payment will be taken monthly on or just after your preferred payment date until further notice.

Please check your payments and bill carefully. We aim to review your payments annually; however, it is your responsibility to ensure your payments are sufficient to clear your bill.

For more information on how to pay see section 5.

How can we help?

Section

- ▶ How do I pay my bill?5
- ▶ My water use has gone up, what do I do?6
- ▶ I'm having financial difficulties.
Can you help me?7
- ▶ My property has a soakaway.
How do I claim a rebate?7
- ▶ I'm moving home. What do I need to do?8

We are here for you

Are you struggling to pay your bills? Please don't worry. Contact us and we can help. Call **0345 600 3 600** or visit wessexwater.co.uk/helptopay

Extra support when you need it most

We know that sometimes you or someone you care about may need a little help. We can communicate with you in the way you choose. Or support you if you are without water. To register for Priority Services call **0345 600 3 600** or visit wessexwater.co.uk/priorityservices

Bristol Wessex Billing Services Ltd is the duly appointed agent of Wessex Water Services Ltd for the invoicing and collection of sums due for water and sewerage services. Wessex Water VAT Reg No. 520 3439 82.
Bristol Wessex Billing Services Limited, 1 Clevedon Walk, Nailsea, Bristol, BS48 1WA.

Find out more about your bill and our services online:

wessexwater.co.uk

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