

Request to close an account



1 Account details

Please write clearly in the white spaces with capital letters or cross the boxes.
Please use separate form for every 5 accounts.

Standing Orders and Direct Debits which are not transferred to another account will be cancelled.

Account name

A B & A Pension Fund

Sort code

1 2 2 7 7 8

Account number

1 0 3 1 9 5 6 5

2 Beneficiary details (please select one option only)

To Bank of Scotland account



Beneficiary name

Sort code

Account number

Electronic Payment

(May be chargeable as specified in your Core Banking Agreement)

- Chaps Payment: £100,000 or more
- Faster Payment: less than £100,000

£30 charge
No charge



Beneficiary name

Sort code

Account number

Cheque



Beneficiary name

Address to be sent to

Postcode

3 Account holder details

To be signed in accordance with the bank mandate

Print name

Sir Aubrey Brocklebank

Account holder's signature

Date 12/3/20

Print name

MW Trustees Limited

Account holder's signature

Date

Print name

Print name

Account holder's signature

Account holder's signature

Date

Date

Please post this completed form to: Sighthill North, 2 Bankhead Crossway North, Edinburgh, EH11 4DT.