

## **Church House Trust**

BANK ACCOUNT APPLICATION FORM		
Name of ANNETTE SSAS - Scheme MOMUS PENSION PSTR No.	a g B	Designated Client A/C
Professional Trustee (full name)	Address	
· ·		
Trustee (full name) (For copy bank statements to be	Address Ci	CONTHER HILL
Sent ANNETTE MORRIS	LONDON	SEZZ IPY
Trustee (full name)	Address	
Trustee (full name)	Address	SEARCE MOUNTS
Trustee (full name)	Address	Fund is with
I/We authorize Church House Trust to release any information to the following with this account.		GUARDIAN PENSIONS A/C NO_ 15310790
IFA/Practioner/SSAS adviser (Name and address)		A/CNO_ 15310790
Access Account. Interest earned will be added to the account.	(For internal use only) Number: Bank Account Number:	Rejord) Steve
Contact telephone number (work)		
House Trust pay all cheques and other instructions for duly authorised officials (delete as appropriate).	r payment signed on our	behalf by any of the one/ two of the following
Signed on behalf of the Professional Trustee (if applicable)		Date
Signed on behalf of the Trustee & U.W.A.		Date 22 8 13 .
Signed on behalf of the Trustee		Date
Signed on behalf of the Trustee		Date
Signed on behalf of the Trustee		Date

Church House Trust Limited 3 Goldcroft, Yeovil, Somerset BA21 4DQ Tel: 01935 609600 Fax: 01935 410674 www.church-house-trust.co.uk