Account Closure Request Form

To: Metro Bank
One Southampton Row
London
WC1B 5HA

From: Trustees of Bowers SSAS

Account Name: 22122134

Please accept this letter as my request to close the above account with immediate effect. Please arrange to transfer any remaining balance to the following account:

Account Name: Trustees of Bowers SSAS
Account Number: 43859525
Sort Code: 205744
Reference: Transfer out

Malcolm Bowers ..... 19/6/2017 .....

Malcolm Bowers — Date

High Barn Cottage
120 Paddock Road
Kirkburton
Huddersfield
HD8 0TT

We hereby give our consent to the closure of the above account and a transfer out of the closing balance as requested above.

..... 19/06/17 .....

Authorised Signatory — Date
Pension Practitioner. Com Limited