## **Pension Confirmation Form**

To: Lloyds Banking Group [Name and address of business area]

Type of Pension Scheme (e.g. SIPP, SSAS, Occupational, FURBS)	SSAS-OCCUPATIONAL PENSION SCHEME		
	CAL PENSION FUND		
Full name and correspondence address of Scheme	271-273 TWO MILE HILL ROAD KINGSWOOD BRISTOL BS15   AX Yes / Nov If yes, please provide registration no:		
Is scheme registered with	Yes / Ne	If yes, please provide red	aistration no:
HMRC?		00790433	
Does employer pay premiums/contributions? (delete as appropriate)	Yes / No	If Yes, please complete s	ections A and B
(A) Full Name and address of Employer			
(B) Company Registration Number			
Full Name and address of Professional Scheme Trustee (if applicable)	N 117		
All Other Trustees *			
Full Name	JOHN	INE MAUREEN 150N	JOHNSON
Home Address	345 SOUNDWELL ROAD LEAGSWOOD BRISTOL BS15 IJN		345 SOUNDWELL ROPA KINGSWOOD BRISTOL BSI5 / JN
Date of Birth			22 FEBRUARY 1964
Nationality	BRITISH		BRITISH
Country of Residence	UNITED KING DOM UNITEDRINGDOM		
Policy Holder / Scheme Mer	nber (not red	uired if account is for Pe	ension scheme itself)
Full Name			
Home Address			
Date of Birth			
Nationality			
Country of Residence			

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<sup>\*</sup> Continue on additional sheets if necessary.

Expected Account Activity: e.g. no of transactions / total value / time account to be open.

	NORMAL PENSTON SCHEME ACCOUNT
-	ACTIVITY.

## 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 Lloyds Banking Group.
- The Trustees are empowered to operate the account / to appoint representatives to operate the
  account.
- To facilitate operations on the bank account the Trustees are empowered to utilise any electronic banking service available from Lloyds Banking Group.
- Third party payments <u>are/are not</u> permitted (delete as appropriate)
- The Trust Deed will be available for inspection by the Bank, if required and that the copy will be retained for a period of 6 years after the account has closed
- The signatories on the attached account mandate have been authorised to act by the trustees of the scheme / the trustees representatives.
- We permit Lloyds Banking Group to make enquiries of HMRC to confirm this scheme is registered with them for tax relief and exemptions. We authorise HMRC to provide this information to Lloyds Banking Group upon request.

Signature:	
Printed Name:	
For and On Behalf Of:	
	Pension Practitioner .Com Ltd  Daws House, 33-35 Daws Lane,  London. NW7 4SD.
Date:	
Regulatory Body and Reg No (if applicable): e.g Law Soc, ICAEW, FSA.	HMRE PRACTITIONER RESISTRATION SOCOSES6

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