

Church House Trust

BANK ACCOUNT APPLICATION FORM	
Name of Scheme Soughts U SAVAGE LSS	
PSTR No.	
Administrator (full name)	Address
Trustee (full name) (For copy bank statements to be sent)	Address
Trustee (full name)	Address
Trustee (full name)	Address
I/We authorise Church House Trust to release any information to the following company that they may request in connection with this account. Pension Practitioner .Com IFA/Practioner/SSAS-adviser (Name and address)	
We wish to open a Church House Trust Instant Access Account. Interest earned will be added to the account.	(For internal use only) Provision Number: (60-95-31)
Contact telephone number (work)	
We have read and agree to the terms and conditions applicable to this account. and authorise and request that Church House Trust pay all cheques and other instructions for payment signed on our behalf by one/ two of the following duly authorised officials (delete as appropriate).	
Signed on behalf of the Administrator (if applicable)	Date
Signed on behalf of the Trustee	Date 78-4-2014
Signed on behalf of the Trustee	Date
Signed on behalf of the Trustee	Date