

## Pension Scheme Account Opening Request

To: The Manager, Partnerships Dept, Metro Bank PLC, One Southampton Row, London, WC1B 5HA

### 1. PENSION SCHEME DETAILS

Type and Name of Pension Scheme (e.g. SIPP, SSAS, Occupational)

TYPE: SSAS NAME: IPM FACILITIES RETIREMENT BENEFITS SCHEME

Full Name and Correspondence address of Scheme

PENSION PRACTITIONER . COM  
DAYS HOUSE  
33-35 DAYS LANE  
LONDON NW7 4SD

Is Scheme registered with HMRC?

☒ Yes ☐ No

If yes, please provide registration number below

Does employer pay premiums/ contributions?

☐ Yes ☒ No

If yes please complete sections A and B

A: Full Name and Address of Employer

Full Name and Address of Professional Scheme Trustee (if applicable)

B: Company Registration Number

### 2. TRUSTEES DETAILS

#### First Trustee

Title (Mr, Mrs, Miss)

MR

Surname

NOAKES

First Name

MARK

Middle Name(s)

—

Nationality

BRITISH

Gender

MALE

Date of Birth

23/08/1963.

Home Telephone Number

01420 520743

Work Telephone Number

01420 546253

Mobile Number

07881 707578

Email Address

mark.noakes@ipmf.co.uk

Address

8-9 East Green Cottages  
Bentley, Farnham,  
Surrey

Postcode

GU10 5JQ

#### Second Trustee

Title (Mr, Mrs, Miss)

MRS.

Surname

RENDERS

First Name

KIM

Middle Name(s)

MARIE

Nationality

BRITISH

Gender

FEMALE

Date of Birth

22/08/1962

Home Telephone Number

01420 520743

Work Telephone Number

—

Mobile Number

07922 194687

Email Address

info@kilcoastservices.co.uk

Address

8-9 East Green Cottages  
Bentley, Farnham  
Surrey

Postcode

GU10 5JQ

## Pension Scheme Account Opening Request *(continued)*

### 2. TRUSTEES DETAILS *(continued)*

#### Third Trustee

Title (*Mr, Mrs, Miss*)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone  
Number

Work Telephone  
Number

Mobile Number

Email Address

Address

Postcode

#### Fourth Trustee

Title (*Mr, Mrs, Miss*)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone  
Number

Work Telephone  
Number

Mobile Number

Email Address

Address

Postcode

### 3. SCHEME MEMBER DETAILS

#### First Scheme Member

Title (*Mr, Mrs, Miss*)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone  
Number

Work Telephone  
Number

Mobile Number

Email Address

Address

Postcode

#### Second Scheme Member

Title (*Mr, Mrs, Miss*)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone  
Number

Work Telephone  
Number

Mobile Number

Email Address

Address

Postcode



## Pension Scheme Account Opening Request

(continued)

### 3. SCHEME MEMBER DETAILS (continued)

#### Third Scheme Member

Title (Mr, Mrs, Miss)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

#### Fourth Scheme Member

Title (Mr, Mrs, Miss)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

### 4. CHOOSE YOUR ACCOUNT(S)

I/We would like to open: ☐ An Instant Access Savings Account ☐ A Fixed Term Savings Account (please complete Section 5)

☒ A Community Account

☐ Is a cheque book required ☐ Is a paying in book required

### 5. YOUR FIXED TERM DEPOSIT DETAILS

Amount to be deposited  Term (months)

Funds to be deposited by: ☐ Cheque made payable to Metro Bank

☐ Electronic transfer from another bank

Interest must be credited to an alternative Metro Bank account, please select of one of the following options:

☐ Credit interest to the Instant Access Savings Account/Community Account applied for as indicated above

☐ Credit interest to an existing Metro Bank Account number

## Pension Scheme Account Opening Request *(continued)*

### 6. MANDATE

In this section you can tell us how many Authorised Signatories you wish to appoint to assist you in the use and operation of your account. It you would like to appoint more than one Authorised Signatory, this section also lets you tell us if they can transact on your account(s) independently or if joint/multiple authorisation is required.

Please complete the following as appropriate

Completion of this Mandate authorises Metro Bank to accept all instructions given, or acts performed, in accordance with the "Our Service Relationship with Business Customers" brochure (Terms and Conditions) and/or this Mandate on behalf of the Trustees of the Pension Scheme:

- |  |  |
|--|--|
| <input type="checkbox"/> Any ONE of the Authorised Signatories | <input type="checkbox"/> Any TWO of the Authorised Signatories   |
| <input type="checkbox"/> ALL of the Authorised Signatories     | <input checked="" type="checkbox"/> Authorised Signatories in accordance with the specific instructions set out below: |

Any ONE Trustee and ONE Pension Practitioner.Com signatory as per the Pension Practitioner.Com signatory list.

I/We hereby authorise Metro Bank PLC (The Bank) to deduct from my/our pension scheme bank account such management charges/fees and adviser charges/fees as may be notified from time to time to the bank under the sole instruction of two authorised signatories of Pension Practitioner.Com.



\*We may only accept payment instructions via the telephone banking service, fax or email from the Authorised Signatories as detailed above.

### 7. DECLARATION AND SIGNATURE(S)

#### Credit Reference Agencies

When you apply for a Metro Bank Community Account, Metro Bank will undertake credit checks in order to assess your eligibility for this community account and will carry out checks to verify your identity and to prevent and detect crime and money laundering for both Community and Savings Accounts. Metro Bank will search records held by credit reference agencies ('CRAs') when considering your application.

#### Fraud Prevention Agencies

If you give false or inaccurate information and fraud is identified or suspected, details may be passed to fraud prevention agencies and/or CRAs to prevent fraud and money laundering. Law enforcement agencies may access and use this information.

#### Giving Your Consent

We would like to contact you to tell you about our other products and services that we think you might be interested in. If you would prefer not to be contacted by any of the following means, please let us know by ticking the relevant box(es) below. Please tick all of the boxes if you do not want us to contact you about other products and services.

#### First Trustee

- ☒ Post ☒ Phone ☒ Text ☒ Email

#### Second Trustee

- ☒ Post ☒ Phone ☒ Text ☒ Email

#### Third Trustee

- ☒ Post ☒ Phone ☒ Text ☒ Email

#### Fourth Trustee

- ☒ Post ☒ Phone ☒ Text ☒ Email

You authorise Metro Bank to disclose details of your account(s) to your introducer as named on the application form, or their successors in title.

#### Use of Your Information

More information is available about how Metro Bank will use your information. You can find this at the beginning of the document "Our Service Relationship with Business Customers" included in your Welcome Pack. More detailed information is also available in our "Guide to the Use of Your Information" which can be provided on request. By signing this form you agree to Metro Bank using your information as set out above and in the ways described in those leaflets. You can contact us in writing at Metro Bank PLC, One Southampton Row, London, WC1B 5HA or enquiries@metrobank.plc.uk at any time if you would like us to stop using your data in a manner to which you have previously consented.

#### Declaration

Metro Bank's decision to offer you this community/savings account is based on the information set out in this application. By applying for this community/savings account, you declare that the information set out in this application is, to the best of your knowledge and belief, correct and not misleading. If it alters you must tell Metro Bank promptly in writing.

Your community/savings account will be subject to the terms and conditions outlined in the documents "Our Service Relationship with Business Customers" and the "Important Information Summary" for this product. If you are applying for a joint account, you acknowledge that each of you is separately responsible for complying with the document "Our Service Relationship with Business Customers" and the "Important Information Summary". If any one of you does not comply, Metro Bank can take action against any or all of you alone or together.

Before signing this form you should carefully read the document "Our Service Relationship with Business Customers" and the "Important Information Summary" for this product. If there is any term that you do not understand, please discuss it with a Metro Bank Customer Service Representative before signing.

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 Metro Bank PLC
- The Trustees are empowered to operate the account/to appoint representatives to operate the account
- To facilitate operations on the account the Trustees are empowered to utilise any electronic banking service available from Metro Bank PLC
- Third party payments are/are not permitted (delete as appropriate)
- The Trust Deed will be available for inspections by the Bank, if required and that the copy will be retained for a period of 6 (six) 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 Metro Bank PLC to make enquiries to HMRC to confirm this scheme is registered with them for tax relief and exemptions. We authorise HMRC to provide this information to Metro Bank PLC upon request.



# Pension Scheme Account Opening Request

(continued)

## 7. DECLARATION AND SIGNATURE(S) (continued)

We confirm that the Account is to be subject to the Metro Bank Business Account Information Summary and the Terms and Conditions as set out in "Our Service Relationship with Business Customers" Part 4 Section 40.

### First Trustee Signature

*[Signature]*

Date 9/4/2014

### Second Trustee Signature

*[Signature]*

Date 9/4/2014

### Third Trustee Signature

Date

### Fourth Trustee Signature

Date

### Scheme Administrator Details

Name PENSIONPRACTITIONER.COM

Address DAWNS HOUSE  
33-35 DAWNS LANE  
LONDON NW7 4SD

### Signature

*[Signature]*

Date 27 AUGUST 2014

## 8. ACCOUNT INTRODUCER DETAILS

Name of Company PENSION PRACTITIONER.COM LIMITED

Address DAWNS HOUSE  
33-35 DAWNS LANE  
LONDON

Post code NW7 4SD

Telephone Number 0800 634 4862

Contact Name BRAD DAVIS / GEORGINA STULIGLOWA

Email info@pensionpractitioner.com

**Dated:**

18-August-2014

**Trust Deed**

**establishing the**

**IPM FACILITIES LIMITED PENSION SCHEME**



Parties

- 1 **IPM FACILITIES LIMITED** (company number **04135159** (in this deed called the 'Principal Employer') of 17 Princess Drive, Alton, Hampshire. GU34 1QS
- 2 **MARK NOAKES** (in this deed called the 'Trustees') of East Green, Bentley, Farnham, Surrey, GU10 5JQ

Recitals


- (A) The Principal Employer wishes to establish a pension scheme to be known as **IPM FACILITIES LIMITED PENSION SCHEME** (in this deed called the 'Scheme') intended to qualify as a registered pension scheme for the purposes of Part 4 of the Finance Act 2004.
- (B) The Trustees have agreed to be the trustees of the Scheme.

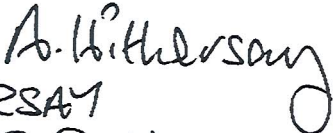
Operative provisions

- 1 The Principal Employer establishes the Scheme and appoints the Trustees as the first trustees of the Scheme.
- 2 The Scheme shall be governed by the attached Rules, PROVIDED THAT:
  - 2.1 the power in Rule 3.1 (Power of Amendment) may be exercised by the Principal Employer
  - 2.2 the power in Rule 4.1 (Appointment and Removal of Trustees) may be exercised by deed by the Principal Employer.
- 3 The provisions of this deed shall have effect on and from its date.

IN WITNESS OF WHICH this document is executed as a deed and is delivered on the date stated above.

SIGNED as a deed, and delivered when  
dated, by **IPM FACILITIES LIMITED** acting  
by

Director Signature :   
Name : **MARK NOAKES**

Witness Signature  :  
Name : **A. HITHERSAY**  
Address : **92 FOREST ROAD**  
**KISS FOREST**  
**HANTS. GU33 7BP**

SIGNED as a deed and delivered when  
dated, by ..... (signature)

MARK NOAKES in the presence of:

Witness

Signature

Name :

Address :

A. H. HITHERSAY  
A. H. HITHERSAY  
92 FOREST ROAD  
LISS FOREST  
HAMPSHIRE  
GU33 7BP



Company Name: THE MONEY FARM







# FlexAccount

## Statement of Account

Account Number 07-01-16 05526981

Branch Prefix: 0331



Town Hall Buildings  
The Borough Farnham  
Surrey  
GU9 7NT

Telephone No: 0845 266 0331

Statement No: 83

Statement Date: 3 March 2014

Mrs K M Renders  
8 East Green Cottages  
Bentley  
Farnham  
GU10 5JQ

506/53  
0331

IBAN: GB12 NAIA 0701 1605 5269 81 BIC: NAIAGB21 SWIFT INTERMEDIARY BANK: MIDLGB22

Date	Details	Payments	Receipts	Balance
2014	Balance from statement 82 dated 03/02/2014			75.09
12 Feb	Cash Credit			475.09
19 Feb	Cash machine wdl Link	40.00	400.00	435.09
27 Feb	SAINSBURY'S S/MKT ALTON	120.33		314.76
28 Feb	Cash Credit		300.00	614.76

Average Daily Balances Credit Balance £353.65  
for period: Debit Balance £0.00

I confirm that I have seen the original document, of which I  
certify this is a true copy, and in addition for documents  
bearing a photograph, I certify that this is a true likeness of  
the individual

Signature

Name of individual certifying: WILLIAM VOERT

Date: 25/3/14

Individual / Company Membership no: 216012

Professional Body: FCA

Company Name: THE MONEY FARM

Nationwide ref: MIM000007

Don't be a victim of Vishing (Telephone Scams)

Never disclose your memorable data, PIN numbers or Internet Banking related passcodes

Never transfer money if told to do so over the phone

Always verify a caller's identity by calling the official number from a different line

Nationwide Building Society is authorised and regulated by the Financial Services Authority under registration number 106078.  
Credit facilities other than regulated mortgages are not regulated by the Financial Services Authority.

STATE1 V1.4 28/02/2010



**Partners**

www.easthants.gov.uk

East Hampshire District Council  
Penns Place, Petersfield,  
Hampshire, GU31 4EX

Telephone 01730 234 400 -  
Minicom 01730 234 103  
DX100403 Petersfield  
revenues@easthants.gov.uk

Council Tax enquiries only.  
Tel: 01730 266 881 for other services

**COUNCIL TAX BILL**

Payment Ref No. 7103396422

Valuation Band F

Date of Issue 16/03/2014

MR M NOAKES  
MRS K NOAKES  
8/9 EAST GREEN COTTAGES  
EAST GREEN  
BENTLEY  
FARNHAM SURREY  
GU10 5JQ

003403

379

Address of the property giving rise to the charge  
8/9 EAST GREEN COTTAGES  
EAST GREEN  
BENTLEY  
FARNHAM SURREY  
GU10 5JQ

**Charge at Band F for financial year 2014/2015**

**% change  
from last year**

**AMOUNT**

£

HAMPSHIRE COUNTY COUNCIL	+0.0%	1499.16
HAMPSHIRE FIRE AND RESCUE AUTHORITY	+0.0%	88.66
POLICE & CRIME COMMISSIONER FOR HAMPSHIRE	+2.0%	222.82
EAST HAMPSHIRE DISTRICT COUNCIL	+0.0%	198.32
BENTLEY PARISH COUNCIL	-1.0%	98.22

(WHOSE TOTAL PRECEPT IS £34000)

The actual Council Tax increase for Police & Crime Commissioner is 1.99%  
but when rounded to one decimal place appears as 2.0%.

I confirm that I have seen the original document, of which I  
certify this is a true copy, and in addition for documents  
bearing a photograph I certify that this is a true likeness of  
the individual

Signature

Name of individual certifying: WILLIAM NOAKES

Date: 25/3/14

Individual / Company Membership no: 216082

Professional Body: FCA

Company Name: THE MONEY FARM

GROSS AMOUNT FOR A BAND F DWELLING

2107.18

CHARGE FOR PERIOD 01-04-2014 TO 31-03-2015

2107.18

OVERALL % INCREASE FROM LAST YEAR

+0.2%

**AMOUNT PAYABLE BY YOU****£2107.18**

IF YOU WANT TO RECEIVE YOUR BILLS BY EMAIL, CONTACT CUSTOMER SERVICES ON 01730 234400

**Payment  
Instructions****METHOD OF PAYMENT:** Direct Debit - FOR INFORMATION ONLY

THIS COUNCIL TAX ACCOUNT IS PAYABLE IN 10 INSTALMENTS.

A FIRST PAYMENT OF £208.18 IS DUE ON 15/04/2014.

FOLLOWED BY 9 PAYMENTS OF £211.00 DUE ON THE 15TH DAY OF EACH MONTH.

YOUR FINAL INSTALMENT IS DUE ON 15/01/2015.

