

Pension Scheme Account opening request for a Fixed Term Deposit from an existing client

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

1. PENSION SCHEME DETAILS

Existing Metro Bank Account Number

1 5 4 6 2 0 8 6

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

SSAS

Full Name and Correspondence address of Scheme

INFOMATRIX ONEVIEW PENSION TRUST - CHARLES AMERICANOS
80A MARLOW BOTTOM, MARLOW, BUCKS, SL7 3NB

Full Name and Address of Professional/Independent Trustee/Practitioner (if applicable)

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

2. YOUR FIXED TERM DEPOSIT DETAILS

Amount to be deposited 20,000 =

Term (months) 18

The Scheme would like to open this Account by:

☒ Transfer from an existing Metro Bank Pension Scheme Account

Account Number 1 5 4 6 2 0 8 6

Interest will be paid at maturity and credited to existing Metro Bank Account Number:

Account Number 1 5 4 6 2 0 8 6

3. DECLARATION AND SIGNATURE(S)

Credit Reference Agencies

When you apply for a Metro Bank Business Fixed Term Deposit Account, Metro Bank will undertake credit checks in order to assess your eligibility for this 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 Signatory

☐ Post ☐ Phone ☒ Text ☒ Email

Second Signatory

☐ Post ☐ Phone ☐ Text ☐ Email

Third Signatory

☐ Post ☐ Phone ☐ Text ☐ Email

Fourth Signatory

☐ 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.

Your Business Fixed Term Deposit 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.

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 Authorised Signature

C. Americanos

Date

28/7/2016

Second Authorised Signature

B.M. P. [Signature]

Date

30 JULY 2016

Third Authorised Signature

Date

Fourth Authorised Signature

Date

Professional/Independent Trustee or Practitioner

Signature

Name

Address

Date

4. ACCOUNT INTRODUCER DETAILS

Name of Company

PENSION PRACTITIONER.COM

Address

DAVIS HOUSE
33-35 DAVIS LANE
LONDON

Post code

NW7 4SD

Telephone Number

0800 634 4862

Contact Name

BRAD DAVIS

Email

bradd@pensionpractitioner.com