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			
Full name and correspondence address of Scheme	I FLUX LTD SSAS PENSION 22 NORTH ANDERSON PRIVE ABENDEEN ABIS SDA			
Is scheme registered with HMRC?	Yes / No	If yes, please provide re	gistration no:	
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	N/A			
(B) Company Registration Number	N/A			
Full Name and address of Professional Scheme Trustee (if applicable)	N/A			
All Other Trustees *				
Full Name	TRECHURUM ANGSAM IBEKWE TBERWE 12 NORTH ANDERSON DRIVE 22 NORTHANDERSON			
Home Address	22 NORTH ANDERSON DREVE ABERDEEN ABIS SDA		22 NORTHANNERSON DRIVE ABERLEEN ABIS SOA	
Date of Birth	06 AUGUST 1970		23 OCTOBER 1972	
Nationality	BRITISH		BRITESY	
Country of Residence		1 KINGDOM	UNITED KING-DOM	
Policy Holder / Scheme Member (not required if account is for Pension scheme itself)				
Full Name		N/A		
Home Address				
Date of Birth				
Nationality	No			
Country of Residence				

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^{*} Continue on additional sheets if necessary.

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

Normal pension scheme account actitvity

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:	f.n. Price
Printed Name:	BRAD PAUTS
For and On Behalf Of:	
	Pension Practitioner. Com
	Daws House
	33-35 Daws Lane
	London. NW7 4SD
Date:	13 MARCH 2013
Regulatory Body and Reg No (if applicable): e.g Law Soc, ICAEW, FSA.	HMRC Practitioner Registration - 00005886