## **Pension Confirmation Form**

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

Type of Densies Calary				
Type of Pension Scheme (e.g. SIPP, SSAS, Occupational, FURBS)	SSAS - Occupational Pension Scheme			
Full name and	JUTHANNELTO PENSION FUND			
correspondence address of	6 CKOW	N PASSACE, UPP IN	CHAM, Offerman.	
Scheme	LETCESTERSHIRE, LEIS GAB			
Is scheme registered with HMRC?	Yes / No-	If yes, please provide re	gistration no:	
Does employer pay	Was (No			
premiums/contributions?	<del>Yes-</del> / No	If Yes, please complete s	sections A and B	
(delete as appropriate)				
(A) Full Name and address	N/A			
of Employer	or department	1421		
(B) Company Registration		21/2		
Number		N/A		
multi at				
Full Name and address of Professional Scheme	N/A			
Trustee				
(if applicable)				
All Other Trustees *				
Full Name			DEANE MADY	
ruii Naiile		REAN LAYNOERS	611410110115	
	REURA	TON PARK	3 CHERTTON PARK BOURNE	
Home Address	LINCOLNSMERE LITHERINGHIRE			
Populari	1510	97 P	PEID 9TA	
Date of Birth	12-12	ARCH 1958	27 APRIL 1956	
land de la company de la compa	,	771011110	011/1/201/36	
Nationality	BRITZ	SH	BRITISH	
tra-Markon				
Country of Residence			UNTTEDISTAGOOM	
Policy Holder / Scheme Member (not required if account is for Pension scheme itself)				
Full Name		N/A		
		IVA		
Home Address			The state of the s	
<u> </u>			The state of the s	
Date of Birth				
			ni Praeva	
Nationality			The state of the s	
			Annanyoppy	
Country of Residence				
			and the second	

<sup>\*</sup> 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:	B.m. Reizz
Printed Name:	BRAD DAVES
For and On Behalf Of:	Pension Practitioner. Com
	Daws House
	33-35 Daws Lane
	London. NW7 4SD
Date:	15 MARCH 2013
Regulatory Body and Reg No (if applicable):	HMRC Practitioner Registration - 00005886

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