

REMEDIAN TO THE PROPERTY OF TH **Church House Trust** BANK ACCOUNT APPLICATION FORM Name of Scheme PSTR No. Address Administrator (full name) Trustee (full name) (For copy bank statements to be 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)..... Daws House, 33-35 Daws Lane, London, NW7 4SD (For internal use only) We wish to open a Church House Trust Instant Access Account. Interest earned will be added to Provision Number: the account. Bank Account Number: (60-95-31)Contact telephone number (work) Mobile E-Mail 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). Date 28-05-14 Signed on behalf of the Administrator (if applicable) Signed on behalf of the Trustee 23-05-16 Signed on behalf of the Trustee

Date

Signed on behalf of the Trustee