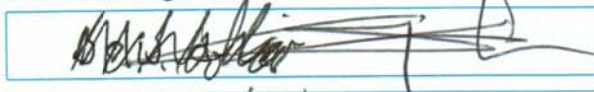
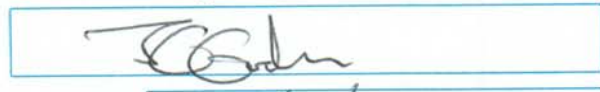
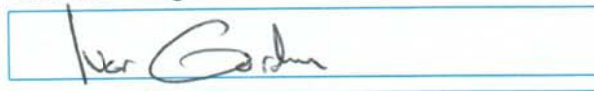


**Pension Scheme Account Opening Request**

(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**Date **04/11/14****Second Trustee Signature**Date **4/11/2014****Third Trustee Signature**Date **4-11-2014****Fourth Trustee Signature**

Date

**Scheme Administrator Details**Name **Pension Practitioner .Com Limited**Address **Daws House, 33-35 Daws Lane  
London, NW7 4SD****Signature**

Date

**8. ACCOUNT INTRODUCER DETAILS**Name of Company **Pension Practitioner .Com Limited**Address **Daws House  
33-35 Daws Lane  
London**Post code **NW7 4SD**Telephone Number **08006344862**Contact Name **Brad Davis / Georgina Stuliglowa**Email **info@pensionpractitioner.com**