

Pension Scheme Account Opening Request

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

1. PENSION SCHEME DETAILS								
Type and Name of Pension Scheme (e.g. SIPP, SSAS, Occupational)								
Type: SSAS	Name:MGI 2 Pension Fund							
Full Name and Corr	Full Name and Correspondence address of Scheme							
MGI 2 Pension F	MGI 2 Pension Fund							
Pension Practitio	Pension Practitioner.Com, Daws House, 33-35 Daws Lane, London, NW7 4SD							
Is Scheme registere	ed with HMRC? Yes No	Does employer pay premiums/ contributions? If yes please complete sections A and B						
,,,,		A: Full Name and Address of Employer						
Full Name and Add	ress of Professional Scheme Trustee (if applicable)							
N/A								
			B: Company Registration Number					
2. TRUSTEE	S DETAILS							
First Trustee		Second Trustee						
Title (Mr, Mrs, Miss)	Mr	Title (Mr, Mrs, Miss)	Miss					
Surname	Ryder	Surname	Ryder					
First Name	Neil	First Name	Emma					
Middle Name(s)		Middle Name(s)	Mary					
Nationality	British	Nationality	British					
Gender	Male	Gender	Female					
Date of Birth	24 November 1952	Date of Birth	11 October 1980					
Home Telephone Number		Home Telephone Number						
Work Telephone Number	01793 858215	Work Telephone Number						
Mobile Number		Mobile Number						
Email Address	neil@mygoalis.uk.com	Email Address						
Address	1 Whitethorn Close Royal Wootton Bassett Swindon	Address	Brith Cottage 6 Greatfield SWINDON					
Postcode	SN4 7HS	Postcode	SN4 8EQ					

11	ES DETAILS (continued)		
ird Trustee		Fourth Trustee	
te (Mr, Mrs, Miss)	Title (Mr, Mrs, Miss)	
rname		Surname	
rst Name		First Name	
iddle Name(s)		Middle Name(s)	
lionality		Nationality	
ander		Gender	
e of Birth		Date of Birth	
me Telephone Imber		Home Telephone Number	
crk Telephone umber		Work Telephone Number	
pile Number		Mobile Number	
rail Address		Email Address	
idress		Address	
SCHEMI	E MEMBER DETAILS	Postcode	
SCHEMI	ember	Second Scheme Member	
S SCHEME rst Scheme M	ember) Miss	Second Scheme Member Title (Mr, Mrs, Miss)	
SCHEMI rst Scheme M tie (Mr, Mrs, Miss	ember) Miss Ryder	Second Scheme Member Title (Mr, Mrs, Miss) Surname	
SCHEMI rst Scheme M de (Mr, Mrs, Miss rname	ember) Miss Ryder Emma	Second Scheme Member Title (Mr, Mrs, Miss)	7 (A)
SCHEMI rst Scheme M de (Mr, Mrs, Miss rname	ember) Miss Ryder	Second Scheme Member Title (Mr, Mrs, Miss) Surname	
S SCHEMI rst Scheme M de (Mr, Mrs, Miss uname rst Name delle Name(s)	ember) Miss Ryder Emma	Second Scheme Member Title (Mr, Mrs, Miss) Surname First Name	
SCHEMI rst Scheme Manager de (Mr, Mrs, Miss uname rst Name dedle Name(s)	ember) Miss Ryder Emma Mary	Second Scheme Member Title (Mr, Mrs, Miss) Surname First Name Middle Name(s)	
SCHEMING SCHEMING SCHEMING (Mr, Mrs, Missistrame st Name scheme(s) at onality	Ryder Emma Mary British	Second Scheme Member Title (Mr, Mrs, Miss) Surname First Name Middle Name(s) Nationality	
SCHEMI Test Scheme Months Test Name Test	ember Miss Ryder Emma Mary British Female	Second Scheme Member Title (Mr, Mrs, Miss) Surname First Name Middle Name(s) Nationality Gender	
SCHEMI Test Scheme Model (Mr, Mrs, Miss Thame Test Name Test N	ember Miss Ryder Emma Mary British Female	Second Scheme Member Title (Mr, Mrs, Miss) Surname First Name Middle Name(s) Nationality Gender Date of Birth Home Telephone Number Work Telephone	
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Metro Bank PLC. Registered in England and Wales. Company number: 6419578. Registered office: One Southampton Row, London, WC1B 5HA. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. 'Metrobank' is the registered trade mark of Metro Bank PLC.



Pension Scheme Account Opening Request

(continued)

3. SCHEME	MEMBER DETAILS (continued)						
Third Scheme Me	ember	Fourth Scheme Member					
Title (Mr, Mrs, Miss)		Title (Mr, Mrs, Miss)					
Surname		Surname					
First Name		First Name					
Middle Name(s)		Middle Name(s)					
Nationality		Nationality					
Gender		Gender					
Date of Birth		Date of Birth					
Home Telephone Number		Home Telephone Number					
Work Telephone Number		Work Telephone Number					
Mobile Number		Mobile Number					
Email Address		Email Address					
Address		Address					
Postcode		Postcode					
4. CHOOSE	YOUR ACCOUNT(S)						
I/We would like to	open: An Instant Access Savings Account A Community Account	A Fixed Term Savings Account (please complete Section 5)					
	Is a cheque book required	Is a paying in book required					
5. YOUR FIXED TERM DEPOSIT DETAILS							
Amount to be deposited Term (months) Funds to be deposited by: Cheque made payable to Metro Bank Electronic transfer from another bank							
Interest must be c	Interest must be credited to an alternative Metro Bank account, please select of one of the following options:						
		Credit interest to an existing Metro Bank Account number					

	MANDA					Calculation of Section 1995		
þ	ount. It you v	vould like to ap	point more thar	orised Signatories you one Authorised Signa uthorisation is require	atory, this section als			
l Þ	ase complete	e the following	as appropriate					
				ank to accept all instruc (Terms and Conditions)				
1	Any ONE o	f the Authorised S	ignatories	Any TWO of the A	uthorised Signatories			
1	ALL of the	Authorised Signate	ories	Authorised Signat	tories in accordance with	the specific instru	uctions set out below:	
and Alv	e hereby autl	horise Metro Ba rges/fees as ma	nk PLC (The Ba	r.Com signatory as per nk) to deduct from my/o m time to time to the ba	our pension scheme b	ank account su	ch management ch	arges/fees s of
Y	e may only ac	cept payment ir	structions via th	e telephone banking se	rvice, fax or email fron	the Authorised	Signatories as deta	iled above.
,	DECLAR	ATION ANI	O SIGNATU	RE(S)		#10 #10 #20 #20 #20 #20 #20 #20 #20 #20 #20 #2		
	dit Reference A en you apply for		mmunity Account,	Metro Bank will undertake	credit checks in order to	assess your eligib	ility for this community	account and
d	carry out check	s to verify your ide	entity and to preve	nt and detect crime and m	oney laundering for both			
уþ		naccurate informa		lentified or suspected, deta		d prevention age	ncies and/or CRAs to p	event fraud
H	ng Your Conse	ent				towartad in 16 vo		
٦y	would like to co of the following lucts and servic	means, please le	t us know by ticking	products and services that g the relevant box(es) belo	we think you might be in w. Please tick all of the b	exes if you do not	want us to contact you	about other
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	Post	Phone	I TEXT	<u> </u>	Post			
h	Post d Trustee Post	Phone Phone	✓ Text	✓ Email	Fourth Trustee Post	✔ Phone	✓ Text	✓ Email
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Pension Scheme Account Opening Request

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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		Second Trustee Signature Date Fourth Trustee Signature					
Date		Date					
	inistrator Details	Signatura					
Name	Name Pension Practitioner .Com Limited		Signature				
Address	Daws House, 33-35 Daws Lane London, NW7 4SD	Date					
8. ACCOUNT INTRODUCER DETAILS							
Name of Compan	Pension Practitioner .Com Limited	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						