

Pension Scheme Account Opening Request *(continued)***7. DECLARATION AND SIGNATURE(S)** *(continued)* Please note all trustees must sign below**Member Trustee(s)****Print name**

Carmel McGrane

Signature

Carmel McGrane

Date

20/9/22

Print name**Signature**

Date

Print name**Signature**

Date

Print name**Signature**

Date

Print name**Signature**

Date

Print name**Signature**

Date

OPEN 7 DAYSMonday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
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