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: McGrane Haulage Limited UK Occupational Pension Scheme 2

Full Name and Correspondence address of Scheme

McGrane Haulage Limited UK Occupational Pension Scheme 2

Pension Practitioner.Com, Daws House, 33-35 Daws Lane, London, NW7 4SD

Is Scheme registered with HMRC? ☑ Yes ☐ No
If yes, please provide registration number below

00804700RB

Full Name and Address of Professional Scheme Trustee *(if applicable)*

N/A

Does employer pay premiums/ contributions? ☐ Yes ☑ No
If yes please complete sections A and B

A: Full Name and Address of Employer

B: Company Registration Number

2. TRUSTEES DETAILS

	First Trustee	Second Trustee
Title *(Mr, Mrs, Miss)*	Mr	
Surname	Michael	
First Name	McGrane	
Middle Name(s)		
Nationality	Irish	
Gender	Male	
Date of Birth	23-Dec-1958	
Home Telephone Number		
Work Telephone Number	07849084678	
Mobile Number		
Email Address	info@mcgranetransport.com	
Address	Inver Glebe Inver Co Donegal	
Postcode	Ireland	

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2. TRUSTEES DETAILS *(continued)*

Third Trustee

Title *(Mr, Mrs, Miss)*	
Surname	
First Name	
Middle Name(s)	
Nationality	
Gender	
Date of Birth	
Home Telephone Number	
Work Telephone Number	
Mobile Number	
Email Address	
Address	
Postcode	

Fourth Trustee

Title *(Mr, Mrs, Miss)*	
Surname	
First Name	
Middle Name(s)	
Nationality	
Gender	
Date of Birth	
Home Telephone Number	
Work Telephone Number	
Mobile Number	
Email Address	
Address	
Postcode	

3. SCHEME MEMBER DETAILS

First Scheme Member

Title *(Mr, Mrs, Miss)*	Mr
Surname	McGrane
First Name	Michael
Middle Name(s)	
Nationality	Irish
Gender	Male
Date of Birth	23-Dec-1958
Home Telephone Number	
Work Telephone Number	07849084678
Mobile Number	
Email Address	info@mcgranetransport.com
Address	Inver Glebe Inver Co Donegal
Postcode	Ireland

Second Scheme Member

Title *(Mr, Mrs, Miss)*	
Surname	
First Name	
Middle Name(s)	
Nationality	
Gender	
Date of Birth	
Home Telephone Number	
Work Telephone Number	
Mobile Number	
Email Address	
Address	
Postcode	

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Pension Scheme Account Opening Request *(continued)*

3. SCHEME MEMBER DETAILS *(continued)*

Third Scheme Member

Title *(Mr, Mrs, Miss)*	
Surname	
First Name	
Middle Name(s)	
Nationality	
Gender	
Date of Birth	
Home Telephone Number	
Work Telephone Number	
Mobile Number	
Email Address	
Address	
Postcode	

Fourth Scheme Member

Title *(Mr, Mrs, Miss)*	
Surname	
First Name	
Middle Name(s)	
Nationality	
Gender	
Date of Birth	
Home Telephone Number	
Work Telephone Number	
Mobile Number	
Email Address	
Address	
Postcode	

4. CHOOSE YOUR ACCOUNT(S)

I/We would like to open:

- ☐ An Instant Access Savings Account
- ☐ A Fixed Term Savings Account *(please complete Section 5)*
- ✓ A Community Account
- ☐ 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 credited to an alternative Metro Bank account, please select of one of the following options:

- ☐ Credit interest to the Instant Access Savings Account/ Community Account applied for as indicated above
- ☐ Credit interest to an existing Metro Bank Account number ☐☐☐☐☐☐☐☐

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6. MANDATE

In this section you can tell us how many Authorised Signatories you wish to appoint to assist you in the use and operation of your account. It you would like to appoint more than one Authorised Signatory, this section also lets you tell us if they can transact on your account(s) independently or if joint/multiple authorisation is required.

Please complete the following as appropriate

Completion of this Mandate authorises Metro Bank to accept all instructions given, or acts performed, in accordance with the "Our Service Relationship with Business Customers" brochure (Terms and Conditions) and/or this Mandate on behalf of the Trustees of the Pension Scheme:

- ☐ Any ONE of the Authorised Signatories
- ☐ Any TWO of the Authorised Signatories
- ☐ ALL of the Authorised Signatories
- ☑ Authorised Signatories in accordance with the specific instructions set out below:

Any ONE Trustee and ONE Pension Practitioner.Com signatory as per the Pension Practitioner.Com signatory list.
I/We hereby authorise Metro Bank PLC (The Bank) to deduct from my/our pension scheme bank account such management charges/fees and adviser charges/fees as may be notified from time to time to the bank under the sole instruction of two authorised signatories of Pension Practitioner.Com.

*We may only accept payment instructions via the telephone banking service, fax or email from the Authorised Signatories as detailed above.

7. DECLARATION AND SIGNATURE(S)

Credit Reference Agencies
When you apply for a Metro Bank Community Account, Metro Bank will undertake credit checks in order to assess your eligibility for this community account and will carry out checks to verify your identity and to prevent and detect crime and money laundering for both Community and Savings Accounts. Metro Bank will search records held by credit reference agencies ('CRAs') when considering your application.

Fraud Prevention Agencies
If you give false or inaccurate information and fraud is identified or suspected, details may be passed to fraud prevention agencies and/or CRAs to prevent fraud and money laundering. Law enforcement agencies may access and use this information.

Giving Your Consent
We would like to contact you to tell you about our other products and services that we think you might be interested in. If you would prefer not to be contacted by any of the following means, please let us know by ticking the relevant box(es) below. Please tick all of the boxes if you do not want us to contact you about other products and services.

First Trustee
☑ Post ☑ Phone ☑ Text ☑ Email

Second Trustee
☑ Post ☑ Phone ☑ Text ☑ Email

Third Trustee
☑ Post ☑ Phone ☑ Text ☑ Email

Fourth Trustee
☑ Post ☑ Phone ☑ Text ☑ Email

You authorise Metro Bank to disclose details of your account(s) to your introducer as named on the application form, or their successors in title.
Use of Your Information

More information is available about how Metro Bank will use your information. You can find this at the beginning of the document ***"Our Service Relationship with Business Customers"*** included in your Welcome Pack. More detailed information is also available in our ***"Guide to the Use of Your Information"*** which can be provided on request. **By signing this form you agree to Metro Bank using your information as set out above and in the ways described in those leaflets.** You can contact us in writing at **Metro Bank PLC, One Southampton Row, London, WC1B 5HA** or **enquiries@metrobank.plc.uk** at any time if you would like us to stop using your data in a manner to which you have previously consented.

Declaration
Metro Bank's decision to offer you this community/savings account is based on the information set out in this application. By applying for this community/savings account, you declare that the information set out in this application is, to the best of your knowledge and belief, correct and not misleading. If it alters you must tell Metro Bank promptly in writing.

Your community/savings account will be subject to the terms and conditions outlined in the documents ***"Our Service Relationship with Business Customers"*** and the ***"Important Information Summary"*** for this product. If you are applying for a joint account, you acknowledge that each of you is separately responsible for complying with the document ***"Our Service Relationship with Business Customers"*** and the ***"Important Information Summary".*** If any one of you does not comply, Metro Bank can take action against any or all of you alone or together.

Before signing this form you should carefully read the document ***"Our Service Relationship with Business Customers"*** and the ***"Important Information Summary"*** for this product. If there is any term that you do not understand, please discuss it with a Metro Bank Customer Service Representative before signing.

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 Metro Bank PLC
- The Trustees are empowered to operate the account/to appoint representatives to operate the account
- To facilitate operations on the account the Trustees are empowered to utilise any electronic banking service available from Metro Bank PLC
- Third party payments are/are not permitted (delete as appropriate)
- The Trust Deed will be available for inspections by the Bank, if required and that the copy will be retained for a period of 6 (six) 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 Metro Bank PLC to make enquiries to HMRC to confirm this scheme is registered with them for tax relief and exemptions. We authorise HMRC to provide this information to Metro Bank PLC upon request.

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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

M Mc Greene

Date

Second Trustee Signature

Date

Third Trustee Signature

Date

Fourth Trustee Signature

Date

Scheme Administrator Details

Name: Pension Pracititoner .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

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