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31 October 2011

Micron 1996 Executive Pension Scheme – new Investec bank accounts

Hi Brad

As per my email today please find attached the following documents for you to process:

- Investec bank account application
- ID for Malcolm and Sue Stephens
- Identity verification certificates for Malcolm and Sue Stephens

I await confirmation of the new scheme bank account details in due course.

Many thanks



Simon Carlin

Encs:

Attention Investec Bank

Date

Fax

020 7597 4139



Out of the Ordinary™



Investec
Bank

Application form for SIPP/SSAS Accounts

Guidance note for completing this form

1. Complete all relevant sections fully.
2. If this form does not provide you with sufficient space to complete all details, please photocopy the relevant section of this form and complete for each additional person then attach all relevant pages to this form.
3. All trustees of the Pension Scheme must complete and sign this form.
4. If any trustee is an incorporated body such as a company, it must send us a separate mandate setting out the parties who are authorised to act on behalf of that trustee.

1. Scheme details

Scheme name MICRON PRECISION 1996 EXECUTIVE PENSION SCHEME

Contact address CHESTNUT HOUSE, 2 EDEN COURT, WATFORD VILLAGE, NORTHAMPTON

Contact name SUE STEVENS

Tel no 01327 844688

NNG 7UW

Date of formation of Scheme 28 05 19 96

Scheme tax reference (if applicable) SF13/109388/L

Beneficiary(ies) details (only list beneficiaries with an interest in at least 20% of the value of the Pension Scheme)

Beneficiary 1 Name MALCOLM STEVENS

Current residential address CHESTNUT HOUSE, 2 EDEN COURT, WATFORD VILLAGE,
NORTHAMPTON

Postcode NNG 7UW

Date of birth

Beneficiary 2 Name SUSAN STEVENS

Current residential address CHESTNUT HOUSE, 2 EDEN COURT, WATFORD VILLAGE,
NORTHAMPTON

Postcode NNG 7UW

Date of birth

2. Introducer/IFA/Agent/Broker details

Name of company PENSION PRACTITIONER.COM

Name of contact person BRAD DAVIS

Address DAW'S HOUSE, 33-35 DAW'S LANE,
LONDON

Postcode NW7 4SD

Contact number 0800 634 4862

Email address bradd@pensionpractitioner.com

3. Account information

Please select (by ticking below) the Account(s) that you wish to apply for and complete the required information for the Account(s).

☒ Pension and Trust Reserve Interest paid ☒ Monthly ☐ Annually

Amount to invest (minimum deposit £25,000)

£ 60,000

☒ Pension and Trust Cheque (interest paid monthly)

Amount to invest

£ 10,000

APPROX.

☐ Fixed Term Deposit (minimum investment £50,000 or the equivalent in US dollars or Euro)

Currency ☐ Sterling ☐ US dollars ☐ Euro Amount to invest £/€/\$

Term of deposit ☐ 6 Months ☐ 1 Year ☐ 2 Years ☐ Other (specify)

☐ Investec Income Account (interest paid monthly) Amount to invest (minimum deposit £25,000) £

Investec Income Account Regular quarterly withdrawal instruction: In order to give the Bank a Regular Withdrawal Instruction, please complete the information below. Please see the Special Terms and Conditions of the Investec Income Account for more information about regular withdrawals.

Amount of regular withdrawal £

Date of first withdrawal (must be at least three months in the future) and quarterly thereafter.
Bank account details for quarterly withdrawals (this account must be in your name and held by you for the benefit of the same beneficiary(ies) named above)

Name of bank/building society

Account number Sort code

☐ Other account Interest paid ☐ Monthly ☐ Annually

Currency ☐ Sterling ☐ US dollars ☐ Euro Amount to invest £/€/\$

Method of deposit

☐ Cheque payable to the Scheme Account

☒ Electronic transfer

Interest paid away

Accounts in Sterling: Unless stated otherwise in the Account Specific Terms, you can elect at any time to have interest on the Account paid to another account held by you, for the benefit of the same beneficiary(ies) named above, with Investec Bank plc (the "Bank") or another UK bank/building society. In the case of a Notice, Fixed Term Deposit or Structured Deposit Account, interest can only be paid to an account in your name. If you would like the interest to be paid away to another account, please complete the following section.

Name of bank/building society

Account number Sort code

4. Declarations by the Trustee(s)

- 4.1 We apply for the Account(s) specified in Section 3 (each account being an "Account" as defined in the Investec Bank plc General Terms and Conditions) to be opened in our name(s) as trustee(s) of the Scheme named in Section 1.
- 4.2 The Account(s) will be held by us for the benefit of the beneficiary(ies) named in Section 1 and we confirm that all sums deposited on the Account(s) will be held by us for the benefit of the beneficiary(ies).
- 4.3 We acknowledge receipt of and confirm that we accept the terms of the Agreement, as defined in the Investec Bank plc General Terms and Conditions.
- 4.4 We declare that all of the information provided in this form and the supporting documents we have given to the Bank is true and complete and confirm our understanding that the Bank, in making its decision to open the Account(s), will be relying on such information.
- 4.5 We understand that the Bank will only be bound by the Agreement in relation to the Account(s), once we have completed, signed and returned this application form with all supporting documentation and the Bank has completed its final checks and has agreed to open the Account(s) for us.
- 4.6 We understand that the personal information provided on this application form and other information relating to the Account(s) may only be used in accordance with the purposes and disclosures under the current data protection legislation. By signing this application form, we confirm that we have read and understood the data protection policy as disclosed in the Investec Bank plc General Terms and Conditions and we consent to the activities described therein.
- 4.7 We agree that the Bank may in its discretion perform independent checks to verify our identity and/or address and/or to validate certified documents that we have provided to the Bank. We further agree that these recognised independent checks may include documented checks of electronic phone directory, electoral register and/or credit bureau records, and/or confirmation from a solicitor or accountant. We also confirm that the beneficiary(ies), settlor(s) and protector(s) of the Scheme have agreed that the Bank may in its discretion perform such checks in relation to them.
- 4.8 We declare that:
- 4.8.1 the Scheme to which this form relates is registered by HM Revenue & Customs or has been submitted to HM Revenue & Customs for registration under the Finance Act 2004; and
- 4.8.2 we or our successors shall notify the Bank if at any time the Scheme (or arrangements under the Scheme in respect of which benefits are to be secured under the Scheme) cease(s) to be registered under the Finance Act 2004.
- We authorise HM Revenue & Customs to tell the Bank if the Scheme is not registered or if that registration is withdrawn.
- 4.9 We authorise the Bank to disclose information about us and our Account(s) to any IFA/agent/broker/introducer who has introduced us to the Bank for the Account(s) and/or whose details we provide to the Bank from time to time. This includes any IFA/agent/broker/introducer named in Section 2 of this form.
- 4.10 We acknowledge that the Bank may pay commission to any IFA/agent/broker/introducer who has introduced us to the Bank for the Account(s) and that further information is available on request from the IFA/agent/broker/introducer.

4.11 Rules for written instructions

We instruct the Bank to act on instructions of (please insert number of trustees and preferred signing instructions)


EITHER ONE OF TRUSTEES

If left blank, the Bank will be entitled to rely on the signed instructions of any two trustees. We confirm that the Scheme Rules/Trust Deed permits us to delegate authority to operate the Account(s) in the manner set out above.


- 4.12 We certify that we are entitled, under the terms of the Scheme Rules/Trust Deed, to apply for the Account(s), accept the terms of the Agreement and to operate the Account(s) in accordance with the Agreement.

All Trustees must complete the information below and sign and date this form

Trustee 1

Full name MALCOLM CYRIL STEVENS
Signature 
Date 05-07-11

Trustee 2

Full name SUSAN JENNIFER STEVENS
Signature 
Date 5-7-2011

Trustee 3



Full name 
Signature 
Date 

Trustee 4



Full name 
Signature 
Date 

Two Authorised Signatories of the Professional/Corporate Trustee must sign below, for and on behalf of the Professional/Corporate Trustee

Authorised Signatory 1

Full name N/A
Signature 
Date 

Authorised Signatory 2

Full name N/A
Signature 
Date 

5. Declarations by the Introducer/Administrator/Trustee

- 5.1 We confirm that we are aware that the trustee(s) of the Scheme named in Section 1 above are applying for the Account(s) specified above and we confirm that we have carried out anti-money laundering checks in relation to the trustee(s), settlor(s), beneficiary(ies) and protector(s) of the Scheme.
- 5.2 We will provide to the Bank, on demand, certified copies of all evidence of our anti-money laundering checks in relation to the trustee(s), settlor(s), beneficiary(ies) and protector(s).
- 5.3 We confirm that the signatures above are those of all the validly appointed trustee(s).
- 5.4 These declarations by us shall be governed and construed in accordance with the laws of England and Wales.

Signed for and on behalf of (insert Introducer/Administrator/Trustee name and FSA number)

Name PENSION PRACTITIONER . COM
FSA number N/A

To be signed by the Introducer/Administrator/Trustee in accordance with their signing conditions confirmed to the Bank

Authorised Signatory 1

Full name 
Signature 
Date 

Authorised Signatory 2

Full name 
Signature 
Date 

**CONFIRMATION OF VERIFICATION OF IDENTITY PRIVATE INDIVIDUAL
INTRODUCTION BY AN FSA-REGULATED FIRM**

1. DETAILS OF INDIVIDUAL (see explanatory notes below)

Full name of Customer	Mr Malcolm Cyril Stevens	
Current Address	Chestnut House 2 Eden Court Watford Village NORTHAMPTON NN6 7UW	Previous address if individual has changed address in the last three months

Date of Birth	30/07/1952
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2 CONFIRMATION [Complete only one section]

2a)

I / We HAVE NOT verified the identity of the customer because [state reasons here] .	
--	--

2b)

I/we confirm that

- (a) the information in section 1 above was obtained by me/us in relation to the customer;
- (b) the evidence I/we have obtained to verify the identity of the customer:
[input an X in the applicable evidence box]

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG ; or	X
exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).	

Signed:	<i>SMACarl</i>
Name:	Simon Carlin
Date:	31/10/2011

3. DETAILS OF INTRODUCING FIRM (OR SOLE TRADER)

Full Name of Regulated Firm (or Sole Trader):	Positive Solutions
FSA Reference No:	184591

Explanatory notes

1. A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provide
2. This form cannot be used to verify the identity of any customer that falls into one of the following(categories)
 - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
 - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
 - those whose identity has been verified using the source of funds as evidence.
3. Section 2a **CAN ONLY BE USED** for clients where only GI business is being conducted. In **all other circumstances**, client ID must be verified using Section 2b
4. This confirmation must carry an original signature, or an electronic equivalent.

DRIVING LICENCE



1. STEVENS
2. MALCOLM CYRIL
3. 30-07-52 UNITED KINGDOM
- 4a. 09-03-05 4b. 07-03-15 4c. DVLA
5. STEVES07302MC9JN 17
6. CHESTNUT HOUSE, 2 EDEN COURT, NATFORD VILLAGE, NORTHAMPTON, NN6 7UN



9. B.BE.C1.C1ED1.D1E.t.k.i.n.p

Certified a true copy of
the original and a true
likeness of the individual.

SCLi

Simon Carrum (1FA)

5 LOVERIDGE CT.

BRISTOL BS36 2NX

31.10.11

**CONFIRMATION OF VERIFICATION OF IDENTITY PRIVATE INDIVIDUAL
INTRODUCTION BY AN FSA-REGULATED FIRM**

1. DETAILS OF INDIVIDUAL (see explanatory notes below)

Full name of Customer	Mrs Susan Jennifer Stevens	
Current Address	Chestnut House 2 Eden Court Watford Village NORTHAMPTON NN6 7UW	Previous address if individual has changed address in the last three months

Date of Birth	12/12/1952
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2 CONFIRMATION [Complete only one section]

2a)

I / We HAVE NOT verified the identity of the customer because [state reasons here] .	
--	--

2b)

I/we confirm that

- (a) the information in section 1 above was obtained by me/us in relation to the customer;
- (b) the evidence I/we have obtained to verify the identity of the customer:
[input an X in the applicable evidence box]

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG ; or	X
exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).	

Signed:	<i>SHA Carlin</i>
Name:	Simon Carlin
Date:	31/10/2011

3. DETAILS OF INTRODUCING FIRM (OR SOLE TRADER)

Full Name of Regulated Firm (or Sole Trader):	Positive Solutions
FSA Reference No:	184591

Explanatory notes

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2. This form cannot be used to verify the identity of any customer that falls into one of the following(categories)
 - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
 - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
 - those whose identity has been verified using the source of funds as evidence.
3. Section 2a **CAN ONLY BE USED** for clients where only GI business is being conducted. In **all other circumstances**, client ID must be verified using Section 2b
4. This confirmation must carry an original signature, or an electronic equivalent.

DRIVING LICENCE



1. STEVENS
2. MRS SUSAN JENNIFER
3. 12-12-52 UNITED KINGDOM
- 4a 24-02-05 4b 23-02-15 4c DVLA
5. STEVE562122SJ9PH 64
7. *Caroline*
8. CHESTNUT HOUSE, 2 ELDON COURT, WATFORD,
NORTHAMPTON, NN6 7UW



REF: C1F D1 D1 F / k / n n

Certified a true copy of
the original and a true
likeness of the individual.

SCli

SIMON CARLIN (IFA)
5 LOVERIDGE COURT
BRISTOL BS36 2NX

31.10.11