

## 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: **MILLER SSAS**

Full Name and Correspondence address of Scheme

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

**00813605RK**

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

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

N/A

### 2. TRUSTEES DETAILS

#### First Trustee

Title (Mr, Mrs, Miss)

**MRS**

Surname

**MILLER**

First Name

**HEATHER**

Middle Name(s)

**ANN**

Nationality

**BRITISH**

Gender

**FEMALE**

Date of Birth

**08/07/1968**

Home Telephone Number

**0161 763 6604**

Work Telephone Number

**0161 763 6660**

Mobile Number

**07713 622 989**

Email Address

**heather@g2fmedia.com**

Address

**31 CAMPBELL CLOSE  
WILKIN  
BURY**

Postcode

**BL8 3BB**

#### Second Trustee

Title (Mr, Mrs, Miss)

**MR**

Surname

**MILLER**

First Name

**JASON**

Middle Name(s)

**RICHARD**

Nationality

**BRITISH**

Gender

**MALE**

Date of Birth

**07/02/70**

Home Telephone Number

**0161 763 6604**

Work Telephone Number

**0161 763 6660**

Mobile Number

**07787 56 4563**

Email Address

**jake@g2fmedia.com**

Address

**31 CAMPBELL CLOSE  
WILKIN  
BURY**

Postcode

**BL8 3BB**

## Pension Scheme Account Opening Request *(continued)*

### 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*)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone  
Number

Work Telephone  
Number

Mobile Number

Email Address

Address

Postcode

#### 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



## 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 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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## Pension Scheme Account Opening Request (continued)

### 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:

- |                                                                |                                                                                                                        |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Any ONE of the Authorised Signatories | <input type="checkbox"/> Any TWO of the Authorised Signatories                                                         |
| <input type="checkbox"/> ALL of the Authorised Signatories     | <input checked="" type="checkbox"/> 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.

\*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.




## 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

12/06/14

#### Second Trustee Signature



Date

12/06/14

#### Third Trustee Signature

Date

#### Fourth Trustee Signature

Date

#### Scheme Administrator Details

Name Pension Practitioner .Com Limited

Address Daws House, 33-35 Daws Lane  
London, NW7 4SD

Signature



Date

23 JULY 2014

### 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

**Identity Verification Certificate – private individual**

Introduction by PRA authorised and FCA and PRA regulated firm

**1. DETAILS OF INDIVIDUAL** (see explanatory notes below)

First Name	JASON	Middle Name	RICHARD
Surname	MILNER	Date of Birth	07 MARCH 1970
Address	31 Campbell Close Walshaw Bury		
Postcode	BL8 3BB		
Previous address if the individual has changed address in the last three months:			

**2. CONFIRMATION****I/we confirm that**

- the information in section 1 above was obtained by me/us in relation to the customer;
- in providing this Identity Verification Certificate, I/We consent to Metro Bank relying on the customer due diligence undertaken in accordance with Regulation 17 of the Money Laundering Regulations;
- original documentary evidence was seen;
- the evidence I/we obtained to verify the identity of the customer:

(tick only one)

- ☒ meets the standard customer due diligence requirements set out in the Money Laundering Regulations and supporting JMLSG Guidance; or
- ☐ exceeds the standard customer due diligence requirements (written details of the further verification evidence taken are attached to this confirmation).

**3. DETAILS OF INTRODUCING FIRM** (or sole trader)

Full Name of Regulated Firm

SAPHIRE FINANCIAL SOLUTIONS LTD

Financial Services Register Number

524292

Signed for and on behalf of aforementioned Regulated Firm

DN

Position

Adviser

Name

David Nicklin

Date

12/06/2014

**4. 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 be verified, and a confirmation provided.
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 who have been subject to simplified due diligence under the Money Laundering Regulations; or
  - those whose identity has been verified using the source of funds as evidence.



## Identity Verification Certificate – private individual

Introduction by PRA authorised and FCA and PRA regulated firm

### 1. DETAILS OF INDIVIDUAL (see explanatory notes below)

First Name	HEATHER	Middle Name	ANN
Surname	MILNER	Date of Birth	08 <sup>th</sup> JULY 1968
Address	31 Campbell Close Walshaw Bury BL8 3BB		
Postcode			
		Previous address if the individual has changed address in the last three months:	

### 2. CONFIRMATION

**I/we confirm that**

- the information in section 1 above was obtained by me/us in relation to the customer;
- in providing this Identity Verification Certificate, I/We consent to Metro Bank relying on the customer due diligence undertaken in accordance with Regulation 17 of the Money Laundering Regulations;
- original documentary evidence was seen;
- the evidence I/we obtained to verify the identity of the customer:

(tick only one)

- ☒ meets the standard customer due diligence requirements set out in the Money Laundering Regulations and supporting JMLSG Guidance; or
- ☐ exceeds the standard customer due diligence requirements (written details of the further verification evidence taken are attached to this confirmation).

### 3. DETAILS OF INTRODUCING FIRM (or sole trader)

Full Name of Regulated Firm

SABIRE FINANCIAL SOLUTIONS LTD

Financial Services Register Number

524292

Signed for and on behalf of aforementioned Regulated Firm

*[Signature]*

Position

Advisor

Name

DAVID NICKLIN

Date

12 06 2014

### 4. 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 be verified, and a confirmation provided.
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 who have been subject to simplified due diligence under the Money Laundering Regulations; or
  - those whose identity has been verified using the source of funds as evidence.

Dated: 12/06 2014

**Trust Deed**

establishing the

**Miller SSAS**



## Parties

- 1 **Miller Media Services Limited** (company number **08864306**) (in this deed called the 'Principal Employer') of Unit 3 The Old County Court, Tenterden Street, Bury, England, BL9 0AL
- 2 **Jason Richard Miller and Heather Ann Miller** (in this deed called the 'Trustees') both of 31 Campbell Close, Walshaw, Bury, BL8 3BB

## Recitals

- (A) The Principal Employer wishes to establish a pension scheme to be known as **Miller SSAS** (in this deed called the 'Scheme') intended to qualify as a registered pension scheme for the purposes of Part 4 of the Finance Act 2004.
- (B) The Trustees have agreed to be the trustees of the Scheme.

## Operative provisions

- 1 The Principal Employer establishes the Scheme and appoints the Trustees as the first trustees of the Scheme.
- 2 The Scheme shall be governed by the attached Rules, PROVIDED THAT:
  - 2.1 the power in Rule 3.1 (Power of Amendment) may be exercised by the Principal Employer
  - 2.2 the power in Rule 4.1 (Appointment and Removal of Trustees) may be exercised by deed by the Principal Employer.
- 3 The provisions of this deed shall have effect on and from its date.

IN WITNESS OF WHICH this document is executed as a deed and is delivered on the date stated above.

SIGNED as a deed, and delivered when dated, by  
**Miller Media Services Limited** acting by

Director

Signature:

Name :

*UAMiller*  
*HEATHER ANN MILLER*

Witness

Signature:

Name :

Address :

*DAVID NICKLIN*  
*20 CROMER ROAD CHEADLE*  
*SK8 2AX*

SIGNED as a deed, and delivered when dated, by  
**Jason Richard Miller** in the presence of

Witness

Signature:

Name :

Address :

*DAVID NICKLIN*  
*20 CROMER ROAD CHEADLE*  
*SK8 2AX*

*Jason Richard Miller* (signature)

SIGNED as a deed, and delivered when dated, by  
Heather Ann Miller in the presence of:

.....*HAMiller*..... (signature)

Witness

Signature: *DAVID NICKLIN*

Name: *DAVID NICKLIN*

Address: *20 CROMER ROAD.*

*CHEADLE*

*SK8 2AX*





ReAssure

Mailing 0000244

PLEASE RETURN ALL PAGES OF THIS FORM

Page 3 of 8

Policy Number(s): 91972200

Policyholder(s): Heather Ann Miller

**Section 2 - Confirmation from you the policyholder**

**Declaration made by you**

Please return your original policy documents with this form. If you cannot find them then, please read the section below.

I have carried out a diligent search in all the places I would expect to find the policies. I have also made enquiries of all people who may be able to give me information about their whereabouts but I have had no success in locating the policies.

If I find out where the policies are, I will inform you immediately. I will also return the policies to you as soon as I find them.

I authorise payment of the Open Market Option/transfer value to the receiving scheme, details of which the receiving scheme administrator has completed in Section 3, Part A. On payment of the transfer I discharge ReAssure Limited from any and all liability under the policies numbered in Section 1, Part A.

Signature of Policyholder/Trustee

Date

23/07/2014

Print Name

HEATHER ANN MILLER

If the policy is held under Trust then we need all the Trustees to sign below.

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Signature of Trustee

Date

Print Name

Where the member is NOT the policyholder, please sign below:

Signature of member

Date

Print Name

ReAssure Ltd, Registered Office: Windsor House, Telford Centre, Telford, Shropshire, TF3 4NB  
Registered in England No. 754167

Tel: 0800 073 1777 Fax: 0870 709 1111 Email: customers@reassure.co.uk www.reassure.co.uk  
ReAssure Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm reference number 110495. Member of the Association of British Insurers.