Account Closure Request Form

To: Metro Bank
One Southampton Row
London
WC1B 5HA

From: Trustees of NWMG Pension Scheme
13. ~~29~~ Hulme Lane
Lower Peover
Cheshire
WA16 9QY

Account Name: NWMG Pension Scheme
Account Number: 15917528

Please accept this as my request to close the above account with immediate effect. Please arrange to transfer any remaining balance to the following account:

Account Name: R D Williams
Account Number: 86569624
Sort Code: 20-53-77
Reference: Trustee Fees

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TRUSTEE Date: 05/03/2019

We hereby give our consent to the closure of the above account and a transfer out of the closing balance as requested above.

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Authorised Signatory of Pension Practitioner Date: 05/03/2019