

## 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)

SSAS

Full Name and Correspondence address of Scheme

Is Scheme registered with HMRC?

☐ Yes ☐ No

If yes, please provide registration number below

Does employer pay premiums/ contributions?

☐ Yes ☐ No

If yes please complete sections A and B

A: Full Name and Address of Employer

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

B: Company Registration Number

### 2. TRUSTEES DETAILS

#### First Trustee

Title (Mr, Mrs, Miss)

MR.

Surname

FRANKS

First Name

PAUL

Middle Name(s)

HENRY

Nationality

BRITISH

Gender

MALE

Date of Birth

17-09-54

Home Telephone Number

01482 669667

Work Telephone Number

Mobile Number

07710 009434

Email Address

paul.franks@im-energy.co.uk

Address

ASTON HOUSE  
39 MAIN ST  
ELLINGTON E. YORKS

Postcode

1715 1JP

#### Second Trustee

Title (Mr, Mrs, Miss)

MRS

Surname

FRANKS

First Name

LINDA

Middle Name(s)

—

Nationality

BRITISH

Gender

FEMALE

Date of Birth

29-09-52

Home Telephone Number

01482 669667

Work Telephone Number

Mobile Number

07850 426732

Email Address

jllinda@hotmail.com

Address

ASTON HOUSE  
39 MAIN ST  
ELLINGTON E. YORKS

Postcode

1715 1JP

## 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

## 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

P. H Franks

Date

#### Second Trustee Signature

P. H Franks

Date

#### Third Trustee Signature

Date

#### Fourth Trustee Signature

Date

#### Scheme Administrator Details

Name

Address

Signature

Date

### 8. ACCOUNT INTRODUCER DETAILS

Name of Company

Address

Post code

Telephone Number

Contact Name

Email