

Pension Scheme Account Opening Request

Email to (preferred option): Partnership.Support@metrobank.plc.uk

Post to: The Manager, Partnership Support, Metro Bank PLC, One Southampton Row, London, WC1B 5HA (if enclosing a cheque, please use this option)

1. PENSION SCHEME DETAILS

Type of Pension Scheme (e.g. SIPP, SSAS) Full Name of Pension Scheme

SSAS

Rocky Asset Management Limited Pension Scheme

Full Name of Pension Provider

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

Full Name and Address of Professional Trustee (if different to Pension Provider)

N/A

Full Name and Address of Scheme Administrator (if different to Professional Trustee)

N/A

Are statements required?

☐ Yes ☒ No

Are statements required?

☐ Yes ☒ No

HMRC registration number of the Pension Scheme?

00817677RP

Does Employer pay premiums/contributions?

☐ Yes ☒ No

If yes please provide Full Name and Address of Employer and the company registration number (if applicable)

2. MEMBERS AND TRUSTEES

First Scheme Member

Title (Mr, Mrs, Miss)

Mr

Email Address

First Name

Adam

Current Address

57 Red Kite Avenue,
Wath-upon-Deane, Rotherham
S63 7EE

Middle Name(s)

John

Surname

Yates

Date moved in

Date of Birth

21-May-1982

Are statements required?

☐ Yes ☒ No

Gender

Male

Is this Individual a Member Trustee?

☒ Yes ☐ No

Nationality

British

Is this individual an Authorised Signatory?

☒ Yes ☐ No

Country of Birth

UK

Is Online Banking required?

☒ Yes ☐ No

(Please note View Only Access is available and mobile phone number and email address are required.)

Home Telephone Number

Mobile Number

Pension Scheme Account Opening Request (continued)

2. TRUSTEES DETAILS (continued)

Second Scheme Member

Title (Mr, Mrs, Miss)	Mrs
First Name	Helen
Middle Name(s)	
Surname	Yates
Date of Birth	13-Oct-1977
Gender	Female
Nationality	British
Country of Birth	UK
Home Telephone Number	
Mobile Number	

Email Address	
Current Address*	57 Red Kite Avenue Wath-upon-Deerne Rotherham, S63 7EE
Date moved In	
Are statements required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this Individual a Scheme Member?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this Individual a Member Trustee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this Individual an Authorised Signatory?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Online Banking required? (Please note View Only Access is available and mobile phone number and email address are required.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Third Scheme Member

Title (Mr, Mrs, Miss)	Mr
First Name	Wayne
Middle Name(s)	
Surname	Crossland
Date of Birth	18-Apr-1976
Gender	Male
Nationality	British
Country of Birth	UK
Home Telephone Number	
Mobile Number	

Email Address	
Current Address*	3 Park View, Shafton Barnsley, S72 8PY
Date moved In	
Are statements required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this Individual a Scheme Member?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this Individual a Member Trustee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this Individual an Authorised Signatory?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Online Banking required? (Please note View Only Access is available and mobile phone number and email address are required.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Forth Scheme Member

Title (Mr, Mrs, Miss)	
First Name	
Middle Name(s)	
Surname	
Date of Birth	
Gender	
Nationality	
Country of Birth	
Home Telephone Number	
Mobile Number	

Email Address	
Current Address*	
Date moved In	
Are statements required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this Individual a Scheme Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this Individual a Member Trustee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this Individual an Authorised Signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Online Banking required? (Please note View Only Access is available and mobile phone number and email address are required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pension Scheme Account Opening Request *(continued)*

2. TRUSTEES DETAILS *(continued)*

Fifth Scheme Member

Title (Mr, Mrs, Miss)	<input type="text"/>	Email Address	<input type="text"/>
First Name	<input type="text"/>	Current Address*	<input type="text"/>
Middle Name(s)	<input type="text"/>		
Surname	<input type="text"/>	Date moved In	<input type="text"/>
Date of Birth	<input type="text"/>	Are statements required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender	<input type="text"/>	Is this individual a Scheme Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality	<input type="text"/>	Is this individual a Member Trustee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth	<input type="text"/>	Is this individual an Authorised Signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone Number	<input type="text"/>	Is Online Banking required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number	<input type="text"/>	<i>(Please note View Only Access is available and mobile phone number and email address are required.)</i>	

Sixth Scheme Member

Title (Mr, Mrs, Miss)	<input type="text"/>	Email Address	<input type="text"/>
First Name	<input type="text"/>	Current Address*	<input type="text"/>
Middle Name(s)	<input type="text"/>		
Surname	<input type="text"/>	Date moved In	<input type="text"/>
Date of Birth	<input type="text"/>	Are statements required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender	<input type="text"/>	Is this individual a Scheme Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality	<input type="text"/>	Is this individual a Member Trustee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth	<input type="text"/>	Is this individual an Authorised Signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone Number	<input type="text"/>	Is Online Banking required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number	<input type="text"/>	<i>(Please note View Only Access is available and mobile phone number and email address are required.)</i>	

Pension Scheme Account Opening Request *(continued)*

3. CHOOSE YOUR ACCOUNT(S)

- I/We would like to open: ☒ A SIPP/SSAS Account Only ☐ Is a cheque book required
- ☐ A Fixed Term Savings Account and a SIPP/SSAS Account
(please complete Section 4)*

*Please note a SIPP/SSAS Account with Metro Bank is also required in order to open a Fixed Term Savings Account

4. YOUR FIXED TERM DEPOSIT DETAILS

Amount to be deposited Term (months)

- Funds to be deposited by: ☐ Cheque made payable to the Pension Scheme
- ☐ Electronic transfer from another bank
(account details to which funds are to be sent will be provided by Metro Bank once the SIPP/SSAS Account has been opened)

5. MANDATE

In this section you tell us how many and which Authorised Signatories are required to operate this account.

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 and/or this Mandate on behalf of the Trustees of the Pension Scheme.

Please indicate the signing instructions by ticking the appropriate box:

- ☒ Member Trustee(s) and Professional Trustee(s) to sign together

*If this option is selected please specify number of authorised signatories on behalf of Member Trustees

*If this option is selected please specify number of authorised signatories on behalf of Professional Trustees

OR

- ☐ Professional Administrator(s) only to sign

*If this option is selected please specify number of authorised signatories on behalf of Professional Trustees

*Please indicate below any special instructions:

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.



Pension Scheme Account Opening Request (continued)

6. DECLARATION AND SIGNATURE(S)

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.

You authorise Metro Bank to disclose details of your account(s) to your professional adviser (as detailed below) and your pension provider 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". More detailed information is also available in our "Guide to the Use of Your Information". Both of these documents are available on request. By signing this form you agree to Metro Bank using your information as set out above and in the ways described in the above literature. You can contact us in writing at Metro Bank PLC, One Southampton Row, London, WC1B 5HA or via email at enquiries@metrobank.plc.uk.

Declaration

Metro Bank's decision to offer you this Pension Scheme Bank Account is based on the information set out in this application. By applying for this Pension Scheme Bank 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 any of the information provided in this application changes you must inform Metro Bank promptly in writing.

Your Pension Scheme Bank 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. As 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 Pension Scheme Account Opening Request 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 Partnerships Service Centre Specialist 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
- 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 years after the account has closed
- The signatories on the account mandate (section 6) have been authorised and appointed by all the trustees or 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 and we authorise HMRC to provide this information to Metro Bank PLC upon request

By signing this form we acknowledge receipt of details of the Financial Services Compensation Scheme Information Sheet.

We confirm that the Account is to be subject to the Pension Scheme Bank Account Important Information Summary and the Terms and Conditions as set out in "Our Service Relationship with Business Customers" Part 4 Section 40.

Professional Administrator(s)

Print name

Position

Signature

Date

Print name

Position

Signature

Date

Pension Scheme Account Opening Request (continued)

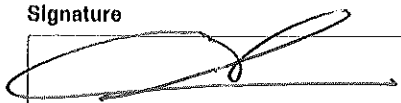
6. DECLARATION AND SIGNATURE(S) (continued)

Member Trustee(s)/Authorised Signatory(ies)

Print name

Adam John Yates

Signature

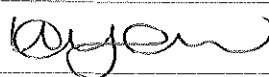


Date 6/1/17

Print name

Helen Yates

Signature

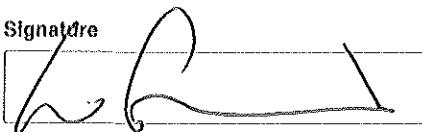


Date 6/1/17

Print name

Wayne Crossland

Signature



Date 6/1/17

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

7. PROFESSIONAL ADVISOR 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 Stullglowa

Email

info@pensionpractitioner.com