

**Pension Scheme Account Opening Request**

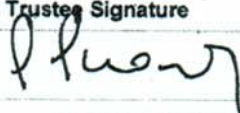
(continued)

**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

**Second Trustee Signature**

Date

**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

10 DECEMBER 2015

**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 Stuliglawa

Email info@pensionpractitioner.com