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Metro Bank Plc One Southampton Row London WC1B 5HA

Date:

Dear Team,

Account Number: 16072079

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

Account Name: TJM Retirement Plan Account Number: Sort Code: Payment Ref: TJM Retirement Plan

William Murray

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

Authorised Signatory – Pension Practitioner. Com Limited