

## 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

Full Name of Pension Provider

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

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

Are statements required?

☐ Yes ☐ No

Are statements required?

☐ Yes ☐ No

HMRC registration number of the Pension Scheme?

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)

Email Address

First Name

Current Address

6 The Drive, WALLINGTON  
SM6 9LX

Middle Name(s)

Surname

Date moved in

Date of Birth

Are statements required?

☐ Yes ☐ No

Gender

Is this individual a Member Trustee?

☐ Yes ☐ No

Nationality

Is this individual an Authorised Signatory?

☐ Yes ☐ No

Country of Birth

Is Online Banking required?

☐ Yes ☐ No

Home Telephone  
Number

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

Mobile Number

## 2. TRUSTEES DETAILS *(continued)*

### Second Scheme Member

Title *(Mr, Mrs, Miss)*

Email Address

First Name

Current Address\*

22 The Beech House, Rose Walk,  
Purley, CR8 3LG

Middle Name(s)

Date moved in

Surname

Date of Birth

Are statements required?

☐ Yes ☐ No

Gender

Is this individual a Scheme Member?

☐ Yes ☐ No

Nationality

Is this individual a Member Trustee?

☐ Yes ☐ No

Country of Birth

Is this individual an Authorised Signatory?

☐ Yes ☐ No

Home Telephone  
Number

Is Online Banking required?

☐ Yes ☐ No

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

Mobile Number

### Third Scheme Member

Title *(Mr, Mrs, Miss)*

Email Address

First Name

Current Address\*

Middle Name(s)

Date moved in

Surname

Date of Birth

Are statements required?

☐ Yes ☐ No

Gender

Is this individual a Scheme Member?

☐ Yes ☐ No

Nationality

Is this individual a Member Trustee?

☐ Yes ☐ No

Country of Birth

Is this individual an Authorised Signatory?

☐ Yes ☐ No

Home Telephone  
Number

Is Online Banking required?

☐ Yes ☐ No

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

Mobile Number

### Forth Scheme Member

Title *(Mr, Mrs, Miss)*

Email Address

First Name

Current Address\*

Middle Name(s)

Date moved in

Surname

Date of Birth

Are statements required?

☐ Yes ☐ No

Gender

Is this individual a Scheme Member?

☐ Yes ☐ No

Nationality

Is this individual a Member Trustee?

☐ Yes ☐ No

Country of Birth

Is this individual an Authorised Signatory?

☐ Yes ☐ No

Home Telephone  
Number

Is Online Banking required?

☐ Yes ☐ No

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

Mobile Number

### 2. TRUSTEES DETAILS *(continued)*

#### Fifth Scheme Member

Title ( <i>Mr, Mrs, Miss</i> )	<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 ( <i>Mr, Mrs, Miss</i> )	<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:

## 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](mailto: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

Pension Pracititoner .Com Limited

Signature



Position

AUTHORISED SIGNATORY

Date

25 MAY 2016

Print name

Signature

Position

Date



## Pension Scheme Account Opening Request (continued)

### 6. DECLARATION AND SIGNATURE(S) (continued)

Member Trustee(s)/Authorised Signatory(ies)

Print name

ANTHONY JOHN CARSON

Signature

Tom Carson

Date

20-05-2016

Print name

EDNA MARY CARSON

Signature

Edna Carson

Date

20-05-2016

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

### 7. PROFESSIONAL ADVISOR DETAILS

Name of Company

Address

Post code

Telephone Number

Contact Name

Email