AIB BANK PLC

Sort Code: 23-83-96

Standing Order Instruction

1. SCHEME DETAILS	
Scheme Name TEMPATRON DIRECTO	RS
Account Number 049 19 088	
2. BENEFICIARY DETAILS Beneficiary Name Beneficiary Sort Code Beneficiary Account Number Payment Reference Payment Reference	
3. FREQUENCY	
Payment Frequency Weekly Monthly	Quarterly Yearly Other
4. PAYMENT DETAILS	
Date and amount of first payment	012018 1-90000
Date and amount of ongoing payments (if amount	THE E , 900.00
Select one of the following options:	
1. Date and amount of final payment 2. Until further notice	2
5. TRUSTEE SIGNATURE	
1st Signatory	2nd Signatory
2200	
Date 2-1-2018	Date
FOR INTERNAL USE ONLY Call back made Date: Time:	Peer Review
Administrator Signature	Manager Signature
	Name:
	Date:

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Direct Debit Instruction for Employer Contributions to Pension Portfolio

	Particular and the same of the
Portfolio number (If applicable)	376 733

DIRECT

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

	Name and full postal address of your Bank or Building Society	ALLIED IRISH BANK ST JAMES HOUSE CHARLOTTE ST VANCS M1 4DZ
2	Name(s) of Account Holder(s)	TEMPATRAN DIRECTORS DENSIN SCHEME
3	Bank / Building Society Account Number	04919088
4	Branch Sort Code	23-83-96
	Service User Number	3 8 8 0 9 7
adea	ection to Bank or Building Society pay Aviva Wrap UK Limited from the account deta struction may remain with Aviva and, if so, details t	iled in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand the passed electronically to my Bank / Building Society.
5	Signature	
6	Date	2/1/2018
	Ranks and Building So	cleties may not accept Direct Debit Instructions for some types of account.

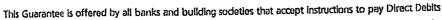
This is not part of the Instruction to your Bank or Building Society and must be detached by Aviva Wrap UK Limited before submission to the Paying Bank.

Account holder's address

UNIT 11, FARCAN RUS PARIC, MOGNOOD LAND

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- If there are any changes to the amount, date or frequency of your Direct Debit Aviva Wrap UK Limited will notify you
 five working days in advance of your account being debited or as otherwise agreed. If you request Aviva Wrap UK Limited
 to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by Aviva Wrap UK Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when Aviva Wrap UK Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Once complete please attach to the Declaration Form

Aviva Wrap UK Limited, Registered in England No. 4470008. 2 Rougier Street, York, YO90 1UU. Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 231530. aviva.co.uk

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O Aviva pic

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Direct Debit Instruction for Employer Contributions to Pension Portfolio

376 729 Portfolio number (If applicable)

INSTRUCTION TO VOUR RANK OR BUILDING SOCIETY



•	Matrochor	TO PAY BY DIRECT DEBIT DIRECT DE BI	:C7
Please	complete ALL SEVEN SECTIONS of this instru	uction and send it to: Aviva Wrap UK Limited, PO Box 26957, Glasgow, G2 9DS.	
1	Name and full postal address of your Bank or Building Society	ALLIED IRISH BANK ST JAMES HOUSE CHARLOTTE ST.	
2	Name(s) of Account Holder(s)	TEMPATRON DIRECTORS PENSION SCHEME	<u> </u>
	Bank / Building Society Account Number	04919088	
70	Branch Sort Code	23-83-96	•
	Service User Number	3 8 8 0 9 7	
this la	Signature Date	tailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee, I understants will be passed electronically to my Bank / Building Society.	
	Banks and Building So	ocieties may not accept Direct Debit Instructions for some types of account.	
This	is not part of the Instruction to your Bank or Build	lding Society and must be detached by Aviva Wrap UK Limited before submission to the Paying B	3ank.
7	Account holder's address	UNITU, FALCON BOW PARK, MOGWOOD HANE RGO	10 4
	This gua	uarantee should be detached and retained by the Payer.	
	 This Guarantee is offered by all banks and be If there are any changes to the amount, dat five working days in advance of your account to collect a payment, confirmation of the are 	The Direct Debit Guarantee building sodeties that accept instructions to pay Direct Debits ate or frequency of your Direct Debit Aviva Wrap UK Limited will notify you unt being debited or as otherwise agreed. If you request Aviva Wrap UK Limited amount and date will be given to you at the time of the request	
	you are entitled to a full and immediate ref	r Direct Debit, by Aviva Wrap UK Limited or your bank or building society, efund of the amount paid from your bank or building society	
	 If you receive a refund you are not entit You can cancel a Direct Debit at any time be Please also notify us. 	titled to, you must pay it back when Aviva Wrap UK Limited asks you to by simply contacting your bank or building society. Written confirmation may be required.	

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