Outward Payment Instruction
(Faster Payments & CHAPs)

Allied Irish Bank (GB)

V.A.M. Registered Scheme Administrator

1. Customer details

Customer Name: THE WISDOM PENSION FUND

Account Number: 0 4 9 1 9 0 8 8

2. Payment details

Payment Type

- [x] Faster Payment (No Fee)
- [ ] CHAPs (£25.00 Fee)
- [ ] Account To Account Transfer

Amount (GBP):

Date To Process: D D M M Y Y Y Y

Amount in Words:

3. Beneficiary Information

Beneficiary Name: MRS KIM WISDOM

Beneficiary Sort Code: 6 0 1 5 2 5

Beneficiary Account Number: 0 1 0 4 3 4 7 1

Payment Reference (if applicable): 25% TAX FREE CASH

4. Customer Signature

Authorised Signature

Date: 27/7/2018

Authorised Signature

Date: 27/7/2018

FOR INTERNAL USE ONLY

Input By:

Signature:

Date: D D M M Y Y Y Y

Authorised By:

Signature:

Date: D D M M Y Y Y Y

AIB BANK PLC
Sort Code: 23–83-96

Standing Order Instruction

1. SCHEME DETAILS

Scheme Name: THE WISDOM PENSION FUND

Account Number: 04919 088

2. BENEFICIARY DETAILS

Beneficiary Name: MRS. KIM WISDOM

Beneficiary Sort Code: 60 15 25

Beneficiary Account Number: 01043471

Payment Reference: SSAS INCOME

3. FREQUENCY

Payment Frequency ☐ Weekly ☒ Monthly ☐ Quarterly ☐ Yearly ☐ Other .....

4. PAYMENT DETAILS

Date and amount of first payment: 20072018 £ 5000.00

Date and amount of ongoing payments (if amount different from the first payment): £

Select one of the following options:

☐ 1. Date and amount of final payment £

☒ 2. Until further notice

5. TRUSTEE SIGNATURE

1st Signatory

Date 27/7/2018

2nd Signatory

K. Wisdom

Date 27/7/2018

FOR INTERNAL USE ONLY
Call back made
Date:
Time:

Administrator Signature

Peer Review

Manager Signature

Name:

Date:

AIB BANK PLC
Sort Code: 23–83-96

Standing Order Instruction

1. SCHEME DETAILS

Scheme Name: THE WISDOM PENSION FUND

Account Number: 04919088

2. BENEFICIARY DETAILS

Beneficiary Name: MRS. KIM WISDOM

Beneficiary Sort Code: 60 15 25

Beneficiary Account Number: 01043471

Payment Reference: SSAS INCOME

3. FREQUENCY

Payment Frequency ☐ Weekly ☒ Monthly ☐ Quarterly ☐ Yearly ☐ Other .....

4. PAYMENT DETAILS

Date and amount of first payment: 20072018 £ 229.00

Date and amount of ongoing payments (if amount different from the first payment): £

Select one of the following options:

☐ 1. Date and amount of final payment £

☒ 2. Until further notice

5. TRUSTEE SIGNATURE

1st Signatory

Nicholas Wisdom

Date 27/7/2018

2nd Signatory

K. Wisdom

Date 27/7/2018

FOR INTERNAL USE ONLY
Call back made
Date:
Time:

Administrator Signature

Peer Review

Manager Signature

Name:

Date:

Outward Payment Instruction
(Faster Payments & CHAPs)

Allied Irish Bank (GB)

V.A.M. Registered Scheme Administrator

1. Customer details

Customer Name: THE WISDOM PENSION FUND

Account Number: 0 4 9 1 9 0 8 8

2. Payment details

Payment Type

- [x] Faster Payment (No Fee)
- [ ] CHAPs (£25.00 Fee)
- [ ] Account To Account Transfer

Amount (GBP): 5 0 0 . 0 0

Date To Process: 0 2 0 7 2 0 1 8

Amount in Words: FIVE HUNDRED POUNDS ONLY

3. Beneficiary Information

Beneficiary Name: MRS KIM WISDOM

Beneficiary Sort Code: 6 0 1 5 2 5

Beneficiary Account Number: 0 1 0 4 3 4 7 1

Payment Reference (if applicable): SSAS INCOME

4. Customer Signature

Authorised Signature

Date: 27/7/2018

Authorised Signature

Date: 27/07/2018 KW

FOR INTERNAL USE ONLY

Input By:

Signature:

Date: D D M M Y Y Y Y

Authorised By:

Signature:

Date: D D M M Y Y Y Y

Outward Payment Instruction

(Faster Payments & CHAPs)

Allied Irish Bank (GB)

V.A.M. Registered Scheme Administrator

1. Customer details

Customer Name: THE WISDOM PENSION FUND

Account Number: 0 4 9 1 9 0 8 8

2. Payment details

Payment Type

- [x] Faster Payment (No Fee)
- [ ] CHAPs (£25.00 Fee)
- [ ] Account To Account Transfer

Amount (GBP): 500.00

Date To Process: 29 06 2018

Amount in Words: FIVE HUNDRED POUNDS ONLY

3. Beneficiary Information

Beneficiary Name: MRS. KIM WISDOM

Beneficiary Sort Code: 60 15 25

Beneficiary Account Number: 01043471

Payment Reference (if applicable): SSAS INCOME

4. Customer Signature

Authorised Signature

Date: 27/7/2018

Authorised Signature

Date: 27/7/2018

FOR INTERNAL USE ONLY

Input By:

Signature:

Date: D D M M Y Y Y Y

Authorised By:

Signature:

Date: D D M M Y Y Y Y