

Alltrust 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

Fountain House
Fountain Lane
St. Mellons
CARDIFF
CF3 0FB

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

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)

Are statements required? Yes No

2. MEMBERS AND TRUSTEES *Please add below details of all scheme members and trustees*

First Scheme Member/Trustee (please delete as appropriate)

Title (Mr, Mrs, Miss)

Email Address

First Name

Current Address

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 Online Banking required?

Yes No

Country of Birth

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

Home Telephone Number

Mobile Number

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Alltrust Pension Scheme Account Opening Request *(continued)*

2. TRUSTEES DETAILS *(continued)*

Second Scheme Member/Trustee *(please delete as appropriate)*

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 Online Banking required? <i>(Please note View Only Access is available and mobile phone number and email address are required.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone Number	<input type="text"/>		
Mobile Number	<input type="text"/>		

Third Scheme Member/Trustee *(please delete as appropriate)*

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 Online Banking required? <i>(Please note View Only Access is available and mobile phone number and email address are required.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone Number	<input type="text"/>		
Mobile Number	<input type="text"/>		

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Alltrust Pension Scheme Account Opening Request *(continued)*

2. TRUSTEES DETAILS *(continued)*

Fourth Scheme Member/Trustee *(please delete as appropriate)*

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 Online Banking required? <i>(Please note View Only Access is available and mobile phone number and email address are required.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone Number	<input type="text"/>		
Mobile Number	<input type="text"/>		

Fifth Scheme Member/Trustee *(please delete as appropriate)*

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 Online Banking required? <i>(Please note View Only Access is available and mobile phone number and email address are required.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone Number	<input type="text"/>		
Mobile Number	<input type="text"/>		

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Alltrust Pension Scheme Account Opening Request *(continued)*

2. TRUSTEES DETAILS *(continued)*

Sixth Scheme Member/Trustee *(please delete as appropriate)*

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 Online Banking required? <i>(Please note View Only Access is available and mobile phone number and email address are required.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone Number	<input type="text"/>		
Mobile Number	<input type="text"/>		

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Alltrust 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 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.

Professional Trustee(s) only to sign

*Please specify number of authorised signatories on behalf of Professional Trustees

*Please write below the specific instructions for signing transactions: (we need to know specifically who will be signing transactions on this account. We can only accept instructions that are signed in accordance with these instructions)

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6. PRIVACY NOTICE

If you have any questions about this policy, the use of your personal information or want to exercise any of your rights, please contact our Data Protection Officer at DataProtectionOfficer@metrobank.plc.uk, or please write to "Data Protection" at the below address.

The personal information we hold about you is limited to what you have provided us directly, personal information we've received from trusted third parties during eligibility checks and the provision of our services to you, or occasionally personal information which is publicly available.

We process personal information you have provided including contact, residency, employment, income and expenditure details, to enable us to provide a range of banking services (contract & pre-contract). Our lawful basis for processing this data is that you have entered into a contract for the performance of services or that we have a legitimate interest to process the information. Those legitimate interests are: enhancing the services that you receive from us, managing and supporting our staff, and effectively managing our own accounts and records.

We process your personal information for crime and fraud prevention and the apprehension and prosecution of offenders (law and financial regulation). We make copies of personal identity evidence that you provide to us for our security, identification and verification purposes. Our lawful basis for processing this personal data is our compliance with our legal obligations and, in particular, our Anti-Money Laundering (AML) and Know Your Customer (KYC) obligations. We cannot provide you with banking services without this personal information.

We may also process your personal information for marketing purposes. You have a right to receive services from us without consenting to marketing communications, and you can always opt out of receiving any such communications from us. Our lawful basis for processing your data is that we have a legitimate interest in making our customers aware of our other services and offerings.

To enable us to process personal information for the above purposes, we must share personal information with Credit Reference Agencies, Law enforcement, HM Revenue & Customs, Fraud detection organisations, UK Financial Regulators, External Auditors & Accountants and other Financial Service Organisations.

We may occasionally send your data to countries (or international organisations) outside of the European Economic Area (EEA) that are deemed to have adequate data protection by the European Commission. In addition, we may transfer personal information to India & the USA. If we do so, we will ensure that the transfer is made pursuant to the model contract clauses published by the European Commission. A copy of the model contract clauses are available here:

https://ec.europa.eu/info/law/law-topic/data-protection/data-transfers-outside-eu/model-contracts-transfer-personal-data-third-countries_en. In relation to transfers to the US, we may transfer personal information pursuant to the EU-US Privacy Shield.

At the end of your relationship with us (for example, if you decide to close your account) we retain your information for as long as required to meet our statutory legal and regulatory requirements. Where retention is based on other reasons we will retain it for no more than 7 years.

You have a right to request access to or rectification of your personal data which we hold about you. You also have the right to erase your personal data, to restrict the processing of your personal data and a right to request that we transmit your personal data to another controller.

Where we process your personal data because you have given us your consent, you have the right to withdraw your consent at any time.

If you are ultimately dissatisfied with our management of your information you have the right to lodge a complaint with the Information Commissioner's Office. Please visit www.ico.org.uk for more information.

If we determine that your personal data is to be used for a purpose not already notified to you we will provide you with further information prior to processing for that new purpose.

Where we are requested by law enforcement to help investigate or prevent crime or terrorism, and to meet our legal obligations in this area, we share personal information with law enforcement agencies and other organisations.

For further details on how we use the personal information we hold about you please refer to section 2 of Our Service Relationship document.

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7. 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.

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".

I/We hereby authorise Metro Bank PLC ("The Bank") to deduct from my/our Pension Scheme Bank Account such management charges/fees and adviser charges/fees as may be notified from time to time to the Bank under the sole instruction of two authorised signatories of the Professional Trustee as named in Section 1 above.

Professional Trustee(s)

Print name

Position

Signature

Date

Print name

Position

Signature

Date

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Alltrust Pension Scheme Account Opening Request *(continued)*

7. DECLARATION AND SIGNATURE(S) *(continued)* Please note all trustees must sign below

Member Trustee(s)

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

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8. PROFESSIONAL ADVISOR DETAILS

Name of Company

Address

Post code

Telephone Number

Contact Name

Email

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