Dated:

**Trust Deed**

adopting replacement provisions governing the

**Angela Ruffell Family Pension**

**Parties**

1. Angela Ruffell of 24 Riffhams Drive, Great Baddow, Chelmsford, Essex, CM2 7DD acting as Trustees of the Angela Ruffell Family Pension (the ‘**Trustees’**).
2. Registered Scheme Administrator Limited (company number 9508411) of Suite 4, 1st Floor, 48 Chorley New Road, Bolton, England, BL1 4AP (the '**Administrator**')

**Recitals**

1. Angela Ruffell Family Pension (in this deed called the 'Scheme') is a pension scheme which is currently governed by a Definitive Trust Deed and Rules dated 04 April 2014 and all subsequent amending deeds and resolutions (in this deed called the 'Existing Provisions').
2. It is intended to replace the Existing Provisions in their entirety.
3. Rule 6.1 states that “The provisions of the Trust Deed and Rules may be amended from time to time by the agreement of the Trustee and the Administrator and any amendment may have retrospective effect. Any amendment will be made by deed executed by the Trustee and the Administrator”.

**Operative provisions**

1. Pursuant to clause 6.1 of the Existing Provisions, those Existing Provisions shall cease to have effect and the Scheme shall be governed by the attached Rules:

PROVIDED THAT:

1.1 the power in Rule 3.1 (Power of Amendment) may be exercised by the Trustees

1.2 the power in Rule 4.1 (Power of Appointment and Removal of Trustees) may be exercised by the Trustees

1. The provisions of this deed shall have effect on and from its date.

IN WITNESS OF WHICH this document is executed as a deed and is delivered on the date stated above.

SIGNED as a deed, and delivered when dated, by …………………….. (Signature)
Angela Ruffell in the presence of:

Witness Signature:
 Name :
 Address :

Executed and delivered as a deed by affixing the common seal of Registered Scheme Administrator Limited in the presence of:

Authorised Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorised Signatory:

 Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Witness:

 Address: