

Nomination of beneficiary form

Scheme Name: **Elomar SSAS** (hereinafter referred to as the scheme)

Personal details: JEAN EL OMAR

Full name including title: Mrs JEAN EL OMAR

Date of birth: 23 / 02 / 1963

In the event of my death, I, the member of the scheme in trust, request that the funds should be paid to (please refer to the notes below):

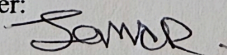
Name: LILY CATHERINE LYNESS Address: 29 Abney Drive Sheffield , S14 1 PB U.K Proportion % 55	Name: NIAMH CATHERINE LYRA LYNESS Address: 29 ABNEY DRIVE SHEFFIELD S14 1PB UK Proportion % 15
Name: OLIVER WILLS SAMUEL LYNESS Address: 29 ABNEY DRIVE SHEFFIELD S14 1PB UK Proportion % 15	Name: ETHAN DAVID MICHAEL MOHAMMED OMAR-LYNESS Address: 29 ABNEY DRIVE SHEFFIELD S14 1PB UK Proportion % 15

Declaration

I confirm that:

- i) this supersedes all previous beneficiary nominations; and
- ii) I may revoke this request at any time by submitting a new form to the scheme Administrator

Signature of member:



Date: 7 MAY 2024

Notes:

The member's estate cannot be nominated.

If the member does not complete a nomination form the death benefit would be payable to (or may be applied for the benefit of) such one or more of the member's dependants or named class as the nominated trustee decides, acting in accordance with the governing Trust Deed and Rules.

Semad

lass as the nominated trustee decides, acting in accordance with the governing Trust Deed and Rules.

Wael

lass as the nominated trustee decides, acting in accordance with the governing Trust Deed and Rules.

Wael