

**Benefit Crystallisation Event
Member Questionnaire**

Scheme Name:

Member Name:

Please accept this as my written request to take benefits from the above scheme and confirmation of information in respect of this Benefit Crystallisation Event:

Required Benefits

1. I wish to draw all of my fund in Tax Free Cash and Income
2. I wish to vest segments and take a Tax Free Cash and Income
3. I wish to take tax free cash only and take no Income at this time.
4. I wish to vest sufficient funds to provide an annual Income only and defer my tax free cash

✓

Please tick 1 box only

The maximum lump sum you can take amounts to one quarter of the value of the pension fund at the date of crystallisation.

1. Will this be your first Benefit Crystallisation Event occurring on or after 06 April 2006 (under any Registered Pension Scheme? YES
(If yes, go straight to Question 3)
2. If 'No', what was the date of your first Benefit Crystallisation Event (BCE) occurring on or after 06 April 2006

Date: _____ Now sign, date and return this form to Pension Practitioner .Com.
3. What is the percentage of the Standard Lifetime Allowance used up under those earlier Benefit Crystallisation Events that occurred under any other Registered Pension Scheme you are (or were) a member of, as recorded on your latest scheme statement(s)?

Now sign, date and return this form to Pension Practitioner .Com, with a copy of your Lifetime Allowance Certificate if a percentage had been inserted below.

% SLA: NIL

Signed:

J. O. Race

Date:

18/8/2010

THE UNIVERSITY OF CHICAGO

CHICAGO, ILL.

TO THE PRESIDENT OF THE UNIVERSITY OF CHICAGO

DEAR MR. PRESIDENT:

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

I am, Sir, very respectfully,
Yours truly,
[Signature]

Very truly,
[Signature]

I am, Sir, very respectfully,
Yours truly,
[Signature]

I am, Sir, very respectfully,
Yours truly,
[Signature]

I am, Sir, very respectfully,
Yours truly,
[Signature]

I am, Sir, very respectfully,
Yours truly,
[Signature]

I am, Sir, very respectfully,
Yours truly,
[Signature]

I am, Sir, very respectfully,
Yours truly,
[Signature]

I am, Sir, very respectfully,
Yours truly,
[Signature]

I am, Sir, very respectfully,
Yours truly,
[Signature]

I am, Sir, very respectfully,
Yours truly,
[Signature]

I am, Sir, very respectfully,
Yours truly,
[Signature]

Attention Investec Private Bank

Fax number 020 7597 4139

Faxed from

Contact person BRAD DAVIS

Fax 020 5711-2522

Phone 0800 634-4862

Investec
Private Bank

Account Application Form for SIPP's and SSAS's

Account Holder (Trustee) name THOMAS ALAN RACE

Account Holder (Trustee) address HAWTHORN HOUSE NORTH RODDYMOR FARM,
BILLY ROW, CROOK, CO. DURHAM DL15 9TB

Client name/Account reference

Client address

Date of birth

Amount deposited £

Account type

Scheme reference details

Scheme name

Scheme date

Inland Revenue Scheme Reference No

IR Tax Office

Audit and Pension Scheme Services

OPRA Pensions Registry

Method of deposit

Cheque payable to the Client's name

Telegraphic transfer/Chaps (please call the Bank for further information)

Please debit account number

Details of Independent Financial Adviser

Declaration

1. I/We hereby confirm that I/we have read and accept the terms of the Charges Sheet, the General Terms and Conditions together with any applicable Special Terms and Conditions (together referred to as the "Terms").
2. I/We confirm that the Account Holder is introducing the Client to The Bank and is applying to open an Account with The Bank.
3. I/We confirm that the Client has read and understood the Terms and has consented to the opening of an Account.
4. I/We confirm that the Account will be opened and operated as a designated account in the name of the Account Holder.
5. I/We declare that the information provided with the account opening documentation, and supporting documentation held by the Bank together with this application form and supporting documents (together the "Application Pack") are true and complete and we confirm my/our understanding that the Bank in making its decision to open any Account will be relying on the accuracy and completeness of such information without the Bank having any obligation to independently verify the same. I/We further confirm that I/we will immediately notify the Bank in writing with any change to what I/we have provided the Bank in the Application Pack and will update such information in the Application Pack as appropriate.
6. I/We confirm that there is and will be, for the duration of the Account, sufficient information on file with the Account Holder to establish the Client's name and residential address, or where the Account is opened by trustees, that the settlor is a Client known to the Account Holder and whose identity has been confirmed by the Account Holder.
7. I/We confirm that in the event of an enquiry from Inland Revenue, any law enforcement agency or regulator in the UK, copies of the relevant Client records referred to in 6 above shall be made lawfully available to the Bank forthwith to satisfy the request.
8. I/We confirm that the sum(s) as shown above are being deposited with the Bank by me/us in the capacity of either trustee or nominee of the Client.

The Bank will only be bound by the Terms for this Account when the Authorised Signatories as set out below, has/have signed and returned this application form and the Bank has completed its final processes.

Authorised Signatories

Name T.A. RACE

Capacity DIRECTOR

Signature T.A. Race

Date 27/8/2010

Name J.B. RACE

Capacity DIRECTOR

Signature J.B. Race

Date 27/8/2010

For further information please call us on 020 7597 4012.

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