Nomination of beneficiary form

Scheme Name: Istraat Limited SSAS Pension Scheme (hereinafter referred to as the scheme)

Personal details:

Full name including title: Sarah Louise Hague

Date of birth: 29 April 1978

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: Address:
Proportion %
Name: Address:
Proportion %

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: SUNGO, Date: (6/5/18

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.

IN WITNESS of which the parties have executed this document as a Deed on the date set out above.

Signed as a Deed by Paul Hague in the presence of:

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Witness signature

Name

(in block capitals)

Address

MOTWALES ROATS

Kustane PARK

Occupation

ANCE TEACHER

Signed as a Deed by Sarah Louise Hague in the presence of:

Witness signature

Name

(in block capitals)

TRACY KENT

Address

SZ HALLAM GLANGE RUÉ

FULWOOD

S10 4BG

Occupation

ACADEMIC LIBRARIAN

Signed as a deed by PAUL HAGUE in the presence of: Signature of witness: Name: May well the part of	3 0
Executed as a Deed by CRANFORDS TRUSTEES LIMITED acting by	Paul Davies - Director CRANFORDS TRUSTEES LIMITED
In the presence of :	
Signature of witness: Name:	
Address:	

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The Pensions Regulator may be contacted at Napier House, Trafalgar Place, Brighton BN1 4DW.

DATA PROTECTION

The Trustees are a "data controller" for data held about you in connection with the Scheme. This data may be used for any reasonable purpose connected with the administration of the Scheme, including decisions about the amount of benefits and eligibility for those benefits.

Data may be disclosed to delegates, agents and professional advisers but will otherwise be disclosed only with your consent or as required by law.

You are entitled on request to see copies of any personal data held about you, and to be told its source.

APPLICATION FOR MEMBERSHIP

If you wish to apply for membership of the Scheme, please sign and return this letter.

Date: 16/5/17.

Member Trustee

I apply for membership. I agree to abide by the terms of this letter and the Rules.

Signed Sarah Louise Hague

Date 6/5/18