Nomination of beneficiary form

me)
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Personal details:
Full name including title: Miss KAREN WINTER

Date of birth: 01-07-1968

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: HARKYUDNAH AURED MUSTY Address: 5 HUBBLE VIEW OAKHURST, SWINDOW. SNOS 2JD Proportion % 50 %.	Name: KATE CELINE MUSTY Address: 5 HUBBUE VIEW OAKHURST, SIGNDON, SNOS 2JD Proportion % 505
Name: Address:	Name: Address:
Proportion %	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: Date: 19/1/15

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.