CLERICAL MEDICAL INVESTMENT GROUP

DECLARATION OF TRUST

To be completed by an Employer wishing to establish a retirement benefits scheme to

Please read the notes on the previous page for guidance in completing this Declaration of Trust. EMPLOYER (see Note 1) Employer's registered office or principal place of business Auston, Sheffeld Postcode SSI FTJ PLAN (see Note 2) The Worthern Bug Rethemat Backt Scheme
Employer's registered office or principal place of business PLAN PLAN Postcode SSI 777
Anston, Sheffeld Postcode SSIFTT
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Date of Declaration (see Note 3) / 19 96
THIS DECLARATION OF TRUST ("the Declaration") is made on the above-stated Date of Declaration by the above-name Employer (being the Principal Employer, as referred to in the attached Rules, at the above-stated Date of Declaration) an WITNESSES as follows:-
1. The above-named Plan ("the Plan") is hereby established under irrevocable trusts with effect from the above-state Date of Declaration ("the Commencement Date").
2. The Principal Employer hereby appoints
Trustee's Full Name (see Note 4) Michael Ma Shafford Address 15 West Sheet, Sheffleld, S31 7 FFF South Andrew Postcode
Trustee's Full Name (see Note 4) Address 7 Workerto Clone, Shatheld

Address Trustee's Full Name Auston, Snotheld

to be the first trustees of the Plan ("the Trustees" which expression shall include the trustee or trustees from time to time of the Plan).

- 5. The attached Rules are hereby adopted as the Rules of the Plan and the Rules shall be deemed to form part of and be read as one with the Declaration.
- 4. The assets of the Plan shall be held by and in the name of the Trustees.
- 5. The Plan shall be administered by the Trustees in accordance with the Declaration, the attached Rules and the requirements relating to (i) exempt approved schemes under Chapter I of Part XIV of ICTA 1988; (ii) preservation of benefits under section 63 and schedule 16 of the Social Security Act 1973; and (iii) equal access under Part IV of the Social Security Pensions Act 1975.

IN WITNESS whereof the Declaration is signed for and on behalf of the Principal Employer by the undersigned having

been duly author	orised by the Pri	ncipal Employer.			 ·	
Signature(s) (see Note 5)						
Full Name(s) (in block capitals)	Duncan	Forbes	ROBER	75		
Position with Princ	ipal Employer	Chairman				
If the Principal Em (see Note 6)	ployer is not the sole	Trustee, every first Trus	itee must sign here	J		
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