

MEMBERSHIP APPLICATION FORM

TO THE TRUSTEES OF THE ARGILE PRIVATE PENSION SCHEME

I confirm that I have read the Announcement dated 19th June 1997 and hereby apply to become a Member of the Scheme. I understand that as a Member my entitlement to benefits will be governed by the Definitive Trust Deed.

SIGNED:



NAME: HARRY CLAY

DATE: 19TH JUNE 1997

NOMINATION OF BENEFICIARIES

In the event of my death, I should like the Trustees to consider making payment of any death benefits arising under the Scheme to the following dependant(s):-

Full Name

Relationship

Kathleen Mary Clay

Wife

or, in the event of the death of my wife before me, to our surviving sons in equal shares, namely:

Ian Clay

Andrew Clay

Christopher Clay

MEMBERSHIP APPLICATION FORM

TO THE TRUSTEES OF THE ARGILE PRIVATE PENSION SCHEME

I confirm that I have read the Announcement dated 19th June 1997 and hereby apply to become a Member of the Scheme. I understand that as a Member my entitlement to benefits will be governed by the Definitive Trust Deed.

SIGNED:

K. M. Clay

NAME: KATHLEEN MARY CLAY

DATE: 19TH JUNE 1997

NOMINATION OF BENEFICIARIES

In the event of my death, I should like the Trustees to consider making payment of any death benefits arising under the Scheme to the following dependant(s):-

<u>Full Name</u>	<u>Relationship</u>
Harry Clay	Husband
or, in the event of the death of my husband before me, to our surviving sons in equal shares, namely:	
Ian Clay	
Andrew Clay	
Christopher Clay	