

### Nomination of beneficiary form

Scheme Name: **Folglade SSAS** (hereinafter referred to as the scheme)

**Personal details:**

Full name including title: Mr Eric Chisnall

Date of birth: 05 July 1946

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: ELAINE CHISNALL Address: 20 ELM GROVE ECCLESTON PARK PRESCOT MERSEYSIDE L34 2RX Proportion % 100%	Name: Address:  Proportion %
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:



Date: 23.3.12.

**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.