

Please quote on all correspondence : Our Ref: NSB / KA

10 March 2016

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t: 01243 532161

e: advice@cawley.co.uk

Dear Sirs,

SCHEME NAME: KAYSTED LTD / THE LOFT SHOP LIMITED SSAS

Please find enclosed 3 Nomination of Beneficiary forms for members of the above scheme.

Please update your records accordingly.

Thank you for your assistance.

Kind regards

Yours sincerely

KERRY ABBATT

Trainee Paraplanner / Financial Planning Administrator

kerry@cawley.co.uk



# Nomination of beneficiary form

Scheme Name: KAY STED PEN F	MRECT	HLS (hereinaft	er referred to as the scheme)
Personal details: Full name including title: Date of birth:	<u> </u>	RICHARD	steam Ad

Date of birth: OI. OH. 1949.

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: MARJORY JEAN STEDMEN Address: ARGLLES, SHITHIU ROAD CHICHESTER	Name: Address:
Proportion % 100	Proportion %
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:

9. parta 2015.

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.

# Nomination of beneficiary form

Scheme Name:	ICAYSTED DENSION	DIRECTORS	(hereinafter referred to as the scheme)
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Personal details:

Full name including title: MARJORY JEAN STEDMAN (MRS)

Date of birth: 24-04-52

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: PETER RICHARD STEDMAN. Address: ARGELES SARTHILL ROAD CHICHESTER POL9 3PM.	Name: Address:
Proportion % (CO	Proportion %
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: Uffedura Date: 14-12-15.

M.J. STEDMAN,

### 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.

# Nomination of beneficiary form

Scheme Name:	KAYSTEN D	INÉCTORS	(hereinafter referred to as the scheme)
Personal details:		SCHENE	

Full name including title:

09.10.1979 Date of birth:

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: LISA STEOMAN Address: 1 CLEVELAND ROAD CHICHESTER POIS TAF	Name: Address:
Proportion % /20	Proportion %
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: 09-12. 2015

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.