

### Nomination of beneficiary form

Scheme Name: Mayfair Estates Property Investment Limited SSAS (hereinafter referred to as the scheme)

Personal details:

Full name including title: Mr. Robert Daniel Levin

Date of birth: 16 December 1953

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: ANGELA JENNIFER LEVIN Address: 149 PORTSMOUTH ROAD WATERLOOVILLE POB 9LG 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: 07-10-2011

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.