Nomination of beneficiary form

Scheme Name:

CAKLEAF FACILITIES LTD SIBA

Personal details:

JANE GROCM (MRS)

Full name including title:

Date of birth:

9 APRIL 1956

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):

Address: BGrange Paddock Gransley Green Braghton

Address:

Proportion % (

Name: Paul Grown

Address: 67 Overstone Rd Sywell, Northau

Proportion % 9 7

Name: Nicola Daw

Address: 77 Middleton Ave New port R1 02840

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: 23rd May 2024

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.