

Nomination of beneficiary form

Scheme Name: OAKGAF FACILITIES LTD SIBA

Personal details:

Full name including title: MR PAUL GROOM

Date of birth: 6 APRIL 1951

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):

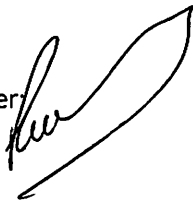
Name: TIM GROOM Address: 8 CRANGE PADDOCK CRANSLEY GREEN BROUGHTON KETTERING Proportion % 1 NN14 1UL	Name: DEBORAH JACKSON Address: 15 STOCKWELL ROAD MILTON MALSOR NORTHAMPTON NN7 3AN Proportion % 1
Name: NICOLA DAW Address: 77 MIDDLETON AVENUE NEWPORT RI 02840 UNITED STATES Proportion % 1	Name: JANE GROOM Address: 67 OVERSTONE ROAD SYWELL NORTHAMPTON NN6 0AW Proportion % 97

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: 23/05/2024

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.