

Nomination of beneficiary form

Scheme Name: OAKLEAF FACILITIES LTD SIBA

Personal details:

Full name including title: MRS JANIE GALE ROWTHORN

Date of birth: 12.03.1957

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: AMBER HILL Address: 32 BEECH GROVE NORTHAMPTON NN3 6JY Proportion % 25%	Name: ASHLEY ROWTHORN Address: CAMPBELLS CROFT KINLOCHARD STIRLINGSHIRE FK8 3TL Proportion % 25%
Name: JADE WEBB Address: 5 HOLME CLOSE WELLINGBOROUGH NORTHANTS NN9 5YF Proportion % 25%	Name: MICA GILL Address: 16 GILLITTS ROAD WELLINGBOROUGH NORTHANTS NN8 2BD Proportion % 25%

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: J Rowthorn Date: 28.11.24.

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.