Nomination of beneficiary form

Scheme Name: PRN Medical Transcription Pension Fund (hereinafter referred to as the scheme)

Personal details:
Full name including title: Mr. David James Bijl
Date of birth: 15 November 1962

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: Isobel Penelope Maud Address: 4 Highfield Road Bijl Malvern WR14 1HS 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: D J Bijl Date: 31/1/2011

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.