

Nomination of beneficiary form

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

Personal details:

Full name including title: Jan Patricia Stafford

Date of birth: 15 June 1955

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: MARTIN A STAFFORD Address: SOUTHVIEW BARN SINTON GREEN, WORCESTER WR2 6NW 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:

Jan Stafford

Date:

31/01/11

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.