

POLICY NUMBER:
13747
13783
15545

DOLPHIN TRUST GMBH

Change/Appointment of Trustee Form

This form is for use where a new trustee is appointed to the exclusion of (i.e. in substitution for) a former trustee or a trust is declared over the Loan Notes.

Section A: Client Details

Name	Susan
Any Middle Names (if relevant)	
Surname	Savage
Office/Home Address	26 Clarence Road, Nottingham. NG9 5HY
Phone number	07792 821084
E-mail Address	savage.sue@icloud.com

Section B: Former Trustee Details (where applicable)

Pension/Administrator Name	Oakleaf Trustees Limited
Scheme Name	SavEnt Limited Executive Pension Scheme
Trustee Name	Oakleaf Trustees Limited
Date of cessation of trusteeship	16 May 2019

Section C: Incoming Trustee Details

Pension/Administrator Name	Cranfords Trustees Limited
Scheme Name	SavEnt Limited Executive Pension Scheme
Trustee Name	Cranfords Trustees Limited

Attach signed proof of change of trust mandate/proof of appointment - tick to confirm ☒

**Total Investment
Amount (principal)**

£ see attached schedule

(or attach schedule of client details)

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Section D: Bank details for new Trustee

Your bank details are required to ensure the return of capital & interest

Bank Name & Address	AIB BANK PLC Manchester Business Centre Four Hardman Street, Spinningfields, Manchester, M3, 3PL
Bank Sort Code	23-83-96
Bank Account Number	04690077
Name/s on Bank Account	SavEnt Limited Executive Pension Scheme
SWIFT	AIBKGB2L
IBAN number	GB87AIBK23839604690077

Section E: Signature

I/We, the first below undersigned, confirm that I/we am/are the newly appointed trustee to the pension scheme named above, to the exclusion of the former trustee(s) named above and I/we hereby request you to register my/our name as the registered holder of the relevant Loan Notes for the investments specified above/attached, and to update the payment details for the returns from the investments in accordance with this form. I/we are responsible for any inaccuracies or omissions from the data herein or attached hereto.

I/we understand that you may need to complete additional due diligence processes around my/our appointment and may need to contact the underlying client(s), and I consent to such processes and contacts.

Signature:

Print Name:

Date:

/Cranfords Trustees Limited/

[For use when the appointment is of a new trustee for the first time]

I/We the below undersigned confirm the above appointment, as beneficial owner of the Loan Notes.

Signature of beneficial owner:

Print Name:

Date:

Susan Savage

Contacts

For administrative queries please email dolphin@whitesfundsolutions.com or call 02030 112775.