

Nomination of beneficiary form

Scheme Name: **The Northern Bus Retirement Benefit Scheme** (hereinafter referred to as the scheme)

Personal details:

Full name including title: Mr. Michael Alan Strafford

Date of birth: 29 July 1961

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: JILLIAN M. STRAFFORD Address: ROUNDWOOD HOUSE 30C WORKSOP ROAD, THORPE SALVIN S86 3JU 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:

Date:

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.