



## Viberts Group Personal Retirement Plan Beneficiary Nomination Form

Member: ..... Social Security No: .....

To: The Trustee of the Rossborough Personal Retirement Plan ("RPRP")

In the event of my death it is my wish that any benefits payable under RPRP should be paid to the following persons by way of lump sum. This form constitutes the relevant nominations by me for the purposes of Rule 6.1 of the RPRP Rules.

| Full Name | Address | Relationship | Proportion % |
|-----------|---------|--------------|--------------|
|           |         |              |              |
|           |         |              |              |
|           |         |              |              |
|           |         |              |              |
|           |         |              | 100%         |

I acknowledge that (a) any benefits payable under RPRP on my death shall be distributed immediately to the named adult person(s) (or to a parent or guardian in the case of a minor) and may not be retained by the Trustee; and (b) any person(s) should seek professional advice immediately as to how any potential benefits are to be held or paid.

### Member's Declaration

I confirm that:

- (i) this form supersedes all previous beneficiary nominations; and
- (ii) I may revoke this direction at any time by submitting a new form to the Trustee; and
- (iii) I understand that the nomination of a person will be revoked automatically in the event of any of such person predeceasing me.

Signature

Dated

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