NOTICE TO TRUSTEE BY MEMBER To the Trustees of THE CHESTERMAN UDC PENSION FUND I (member's name) John David CHESTERMAN hereby advise that my Membership Number in the above Fund is 1 , and NOMINATION RE TYPE OF BENEFIT PAYMENT: I hereby notify you that I require 1. that my benefit entitlement, when payable, be applied in the following form and proportions: TOWARDS THE PAYMENT OF A LUMP SUM: TOWARDS THE PAYMENT OF A PENSION: 2. NOMINATION OF BENEFICIARY: I hereby notify you that I require that my benefit entitlement, in the event of my death before it is payable, be paid to my beneficiaries as nominated below and in the proportions nominated below: Name: Address: Relationship: Name: Address: Relationship: NOMINATION OF NEW ADDRESS: The following is my new address: 3. The above nomination(s) replace any previous nomination(s) I may have given. Nomination(s) categories left blank have been crossed out. Date: 21107 SIGNATURE: Dellulum

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