

NOMINATION FORM

To: The Trustees of the Porvair plc Pension & Death Benefit Plan (“the Plan”).

In the event of my death, I wish you to exercise your discretionary powers under the Rules of the Plan, as appropriate, by applying the proceeds of any lump sum death benefit arising under the Plan to the benefit of the person(s) named below.

I understand that this is an expression of wish only, which is not binding on you and which may be revoked or revised by me at any time. This form supersedes any previous form I have completed.

I consent for the purposes of the Data Protection Act 1998 to the information below being held and processed by the Trustees. I confirm that the person(s) I have named below also consent to their personal data being held and processed by the Trustees.

Full Name and Address of Proposed Beneficiary	Relationship	Proportion of Benefit

Signed _____ Date _____

Full name in Block Capitals _____

IN THE EVENT OF ANY CHANGES IN CIRCUMSTANCES IT IS THE RESPONSIBILITY OF THE MEMBER TO SEE THAT ANY ALTERATION IN THEIR WISHES IS MADE KNOWN TO THE TRUSTEES BY SUBMITTING A FURTHER FORM. IN THIS EVENT YOU SHOULD CONTACT SBJ BENEFIT CONSULTANTS.