



FENNER RETIREMENT PLAN AND FLEXIBLE BENEFITS Change your benefits

If you would like to change the level of benefits from the Fenner Retirement Plan and choose additional flexible benefits, you should complete and sign this form.

As a member, you are required to contribute to the Fenner Retirement Plan in accordance with its rules, which may be subject to change in the future. Your contributions will be structured through salary exchange unless your current full time earnings are less than the minimum amount (you will be informed if this applies to you) or you decide to opt-out of salary exchange. To read more about salary exchange or to opt-out of it, please look at the explanatory leaflet www.fennerbenefits.co.uk.

Please return your completed form to your usual HR or pensions contact

Full details of all benefits can be found at www.fennerbenefits.co.uk

| Personal details | | | | |
|--------------------------|-----------|------|-------------------|------------------|
| Title: (please tick) | Mr Mrs | Miss | Other | (please specify) |
| Surname: | 12 | | | |
| First names: | | | | |
| Date of birth: | DDMMY | YYY | N.I. number: | |
| Gender | | | Salary | |
| Employee number: | | | Payroll location: | |
| Date of joining Company: | D D M M Y | YYY | | |
| Home address: | | | | |
| Post code: | | | Telephone number: | |





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Pension contribution

You must pay a minimum of 5% to join the Fenner Retirement Plan, and the company will match your contributions up to a maximum of 8%. You can pay more than that, but you will not receive matching contributions from the Company. The Company would recommend that, as a minimum you pay the default contribution level of 6%.

| I am a member of the Fenner Retirement Plan and make pension contributions of | % (delete as appropriate |
|---|--------------------------|
| of my Pensionable Salary. | |

Investment choices

Please invest my pension contributions in:

| Default option (Strategic Lifestyle (MyFolio) F | Passive Plus IV) | |
|---|------------------|------|
| | | |
| the following funds (must equal 100%) | E E | |
| | Proportion % | |
| · · · · · · · · · · · · · · · · · · · | TOTAL | 100% |

Please see the pensions pack issued by Standard Life for details of the available investment options. Please note if you do not make a choice here your pension contributions will be invested in the Strategic Lifestyle (MyFolio) Passive Plus IV Fund.

When you retire, the fund you will have built up will be used to provide a pension.

Retirement age

Please insert your target retirement age for the purposes of this Fenner Retirement Plan:

N.B.: For the purposes of pension provision, the minimum retirement age is 55 and the maximum retirement age is 75. If you do not include an age in the box above, a default retirement age of State Pension Age will be used. This is solely for the purposes of illustration and can be altered by you at a later date if you wish.

Additional Benefits

Income protection

I wish to increase my income protection cover to 66.7% or 75% of my Pensionable salary.

Life assurance

I am entitled to life assurance at 4 x Pensionable salary if I join the Fenner Retirement Plan. If I do not join the Fenner Retirement Plan I will be entitled to 2 x Pensionable Salary.

I wish to increase my life assurance cover to 5x or 6x my Pensionable Salary.

Declaration

I apply to amend my benefits in the Fenner Retirement Plan based on the terms of the Trust Deed and Rules and any ancillary rules as may be appropriate. I understand that my salary will be reduced and my pension contributions and additional benefit choices will be made under salary exchange, unless my earnings are less than the minimum amount required, or I complete the Salary exchange opt-out form. I understand that the Trustees of the Fenner Retirement Plan and any third party employed on their behalf will use the personal data in this, or any other documentation supplied, in the administration and operation of the Fenner Retirement Plan and may share it with the Company for employment purposes.

| Signatura | Pater | |
|------------|-------|--|
| Signature: | Date: | |

| For Company U | se Onl | ly | | | |
|--|--------|----------------|----------------|-------------------------|---------|
| Pension membership: Date form received: | D D | M M Y M M Y | Y Y Y 9 Y Y | Payroll effective date: | DDMNYYY |
| Comments: | | | | | |