

**Nomination of Dependants
With Binding Death Benefit Nomination
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Name	Relationship to You	Proportion of Benefit
Jennifer Mary Furnell	Spouse	100%

Member Declaration

I, JAMES TERENCE FURNELL of 71 THEATRE DRIVE, BENOVA OLO 4217

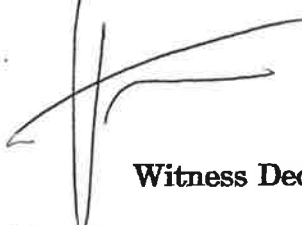
as a member of the Fund, direct the Trustee/s to pay my death benefit to the above persons in the proportions shown.

I understand that:

- * I can amend or revoke this Nomination at any time by providing a new nomination to the Trustee of the Fund, signed and dated by myself in the presence of two witnesses who are aged 18 years or over;
- * Unless amended or revoked earlier, this Nomination is binding on the Trustee for a period of 3 years from the date it is first signed or last confirmed;
- * This Nomination revokes and amends any previous notice supplied to the Trustee of the Fund in regard to my nominated beneficiaries;
- * If this Nomination is not correctly completed, it may be invalid;
- * If I have nominated persons who are not "dependants" as explained above, the direction contained in the Nomination will be void and of no effect and the Trustee will have a discretion as to whom the benefit is payable and in what proportion.

I acknowledge that I have been provided with information by the Trustee of the Fund that enables me to understand my rights to direct the Trustee to pay my Death Benefit in accordance with this Nomination.

Signature of Member:



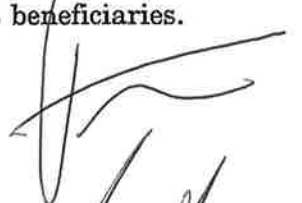
Date: 16/4/15

Witness Declaration

We declare that:

- * this Nomination was signed by the member in our presence;
- * we are aged 18 or more; and
- * we are not named as beneficiaries.

Signature of Member:



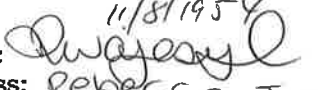
Date: 16/4/15

Signature of Witness:
Print Name of Witness:
Witness Date of Birth:


PETER JOHN FENTON
11/8/1954

Date: 16/4/15

Signature of Witness:
Print Name of Witness:
Witness Date of Birth:


REBECCA JANE WAJCYK
19/10/87

Date: 16/4/15