

BINDING DEATH BENEFIT NOMINATION

To the Trustees of the Arrowsmith Family Super Fund

I William James Arrowsmith

of 107 Henson Road
Salisbury Qld 4107

as a member of the above fund, direct you to pay my death benefit to the following persons in the proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit
<u>Leone Arrowsmith</u>	<u>Wife</u>	<u>100%</u>
.....

I understand that:

1. I can amend or revoke this Nomination at any time by providing a new nomination.
2. ~~Unless amended or revoked earlier, this nomination is binding on the trustees for a period of three (3) years from the date this nomination is signed.~~

OR

I understand that this nomination will not lapse unless I amend or revoke it.

(cross out whichever is inapplicable)

3. If the total proportion of my benefit nominated above does not equal my entire benefit then I understand that the trustee shall have discretion as to where the remaining proportion of my benefit shall be paid.
4. I understand that if I have not completed this nomination correctly then it may be invalid and that the trustee may then have a discretion as to where my benefit is paid.

I acknowledge that I have been provided with the necessary information to enable me to make an informed nomination and I fully understand the effect of this nomination.

Signed

 Date: 22/4/15

Witnesses: (This nomination must be signed by 2 witnesses over the age of 18 and not named as beneficiaries)

We declare that:

- * This Nomination was signed by the member in our presence
- * We are aged 18 years or older
- * We are not named as beneficiaries in this nomination.

<p><u></u></p> <p>Name: <u>KAREN ANNE McKillop</u></p> <p>Date: <u>22/4/15</u></p>	<p><u></u></p> <p>Name: <u>Stan Arrowsmith</u></p> <p>Date: <u>22/4/15</u></p>
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BINDING DEATH BENEFIT NOMINATION

To the Trustees of the Arrowsmith Family Super Fund

I Leone Joye Arrowsmith

of 107 Henson Road
Salisbury Qld 4107

as a member of the above fund, direct you to pay my death benefit to the following persons in the proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit
William Arrowsmith	Husband	100%

I understand that:

- I can amend or revoke this Nomination at any time by providing a new nomination.
- ~~Unless amended or revoked earlier, this nomination is binding on the trustees for a period of three (3) years from the date this nomination is signed.~~

OR

I understand that this nomination will not lapse unless I amend or revoke it.

(cross out whichever is inapplicable)

- If the total proportion of my benefit nominated above does not equal my entire benefit then I understand that the trustee shall have discretion as to where the remaining proportion of my benefit shall be paid.
- I understand that if I have not completed this nomination correctly then it may be invalid and that the trustee may then have a discretion as to where my benefit is paid.

I acknowledge that I have been provided with the necessary information to enable me to make an informed nomination and I fully understand the effect of this nomination.

Signed

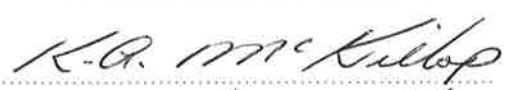


Date: 22/4/2015

Witnesses: (This nomination must be signed by 2 witnesses over the age of 18 and not named as beneficiaries)

We declare that:

- * This Nomination was signed by the member in our presence
- * We are aged 18 years or older
- * We are not named as beneficiaries in this nomination.


Name: KAREN ANNE MCKILLOP

Date: 22/4/15


Name: Sharon Arrowsmith

Date: 22/4/15