

Non Lapsing Binding Death Benefit Nomination ("Binding Nomination")

Di Maria Superannuation Fund

I, Tony Di Maria of 101 Hibberd Crescent, FORDE ACT 2914 as a Member of the Fund, hereby direct the Trustee to pay my Benefits in the Fund on or after my death as follows:

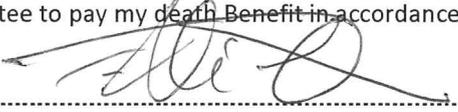
Name	Relationship	Form of payment (lump sum or pension)*	% of benefit
MITCHELL JOHN J. MARIA	Son	Lump Sum	50%
CHARLOTTE ISABELLE J. MARIA	DAUGHTER	Lump Sum	50%
Total			100%

* failure to make a selection for form of payment or making an invalid selection for form of payment will not invalidate this Binding Nomination and the form of payment will be at the Trustee's discretion.

I understand that:

- This Binding Nomination revokes any previous Binding Nomination I have made;
- I can amend or revoke this Binding Nomination at any time by providing a new signed and dated Binding Nomination to the Trustee or providing written notice of the revocation to the Trustee;
- unless amended or withdrawn earlier, this Binding Nomination is binding on the Trustee for an indefinite term unless I have stipulated otherwise;
- this Binding Nomination is deemed invalid if completed incorrectly; and
- I have nominated persons who are "Dependants" and/or my Legal Personal Representative ("LPR") as outlined in the Fund Rules. If the persons I have nominated are not my Dependants and/or LPR this Binding Nomination will not be valid and my Trustee will assume sole discretion for the payment of my Benefits following my death.

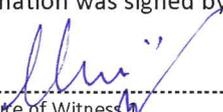
I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Binding Nomination.


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Tony Di Maria

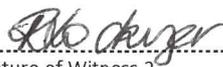
9 / 9 / 19
.....
Date

Witness Declaration

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Binding Nomination was signed by the Member in our presence.


.....
Signature of Witness 1

9 / 9 / 19
.....
Date


.....
Signature of Witness 2

9 / 9 / 19
.....
Date