

BINDING DEATH BENEFIT NOMINATION

DAYLESFORD SUPERANNUATION FUND

I, Stephen Abbott of PO Box 4290 MANDURAH NORTH WA 6210 as a member of the Fund, hereby notify the Trustee of whom to pay my benefits in the Fund to, on or after my death:

NAME		% OF BENEFIT
ELAINE ABBOTT		100%
	Total	100%

I understand that:


I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;

unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;

this Nomination is deemed invalid if completed incorrectly; and

I have nominated persons who are "dependants" as outlined in the Funds death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

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 Nomination.

XSA


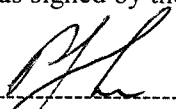
Stephen Abbott

13/4/2015

Date

Witness Declaration


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

X 

Signature of Witness 1

13/04/2015

Date

X 

Signature of Witness 2

13/04/2015

Date

BINDING DEATH BENEFIT NOMINATION

DAYLESFORD SUPERANNUATION FUND

I, Elaine Abbott of PO Box 4290 MANDURAH NORTH WA 6210 as a member of the Fund, hereby notify the Trustee of whom to pay my benefits in the Fund to, on or after my death:

NAME		% OF BENEFIT
STEPHEN ABBOTT		100%
	Total	100%

I understand that:

I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;

unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;

this Nomination is deemed invalid if completed incorrectly; and

I have nominated persons who are "dependants" as outlined in the Funds death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

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 Nomination.

XE A Elaine Abbott

Elaine Abbott

13/4/2015

Date

Witness Declaration

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

[Signature]

Signature of Witness 1

13/04/2015

Date

[Signature]

Signature of Witness 2

13/04/2015

Date