

BINDING DEATH BENEFIT NOMINATION

THE DEBORAH BAILEY SUPERANNUATION FUND

I, Deborah Anne Bailey of Cable Street CHIDLOW WA 6556, 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:

* Full in *

NAME		% OF BENEFIT
<i>The Estate of DEBORAH ANNE BAILEY</i>		
	Total	<i>100%</i>

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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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

DA. [Signature]
DEBORAH ANNE BAILEY

7/9/2015
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

7/9/2015
Date

[Signature]
Signature of Witness 2

7/9/2015
Date