

Binding Death Benefit Nomination

Name of Fund: THE RATHMONA SUPERANNUATION FUND.

Member's Name: PETER BARNES ACKLAND.
(Minor's Name if on behalf of minor)

Address: 'RATHMONA'
MOLUMBER RD
MOORA WA 6510

Date of Birth: 18/11/1948

Occupation: FARMER

Telephone: 0427 511 056 **Fax:** n/a.

1. The Nomination must be signed and dated by you in the presence of two witnesses aged 18 years or over. Both witnesses must also provide their date of birth, sign and date the Nomination. It is important to note that the witnesses cannot be persons nominated as beneficiaries.
2. If any of this information is not provided, then your Nomination may be invalid. The Trustee will contact you for clarification if this is the case.
3. It is not compulsory to complete this Nomination. Details of who a death benefit will be paid to in the situation where there is no valid Nomination can be found in Trustee Information Memorandum to Members – Binding Death Benefit Nomination.

Nomination

Name	Relationship	DOB	Gender	Proportion of Death Benefit
MARY THERESE ACKLAND	<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant <input type="checkbox"/> Legal Personal representative (your estate)	25/3/1945	FEMALE	100%

Name	Relationship	DOB	Gender	Proportion of Death Benefit
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant <input type="checkbox"/> Legal Personal representative (your estate)			

Name	Relationship	DOB	Gender	Proportion of Death Benefit
	<input type="checkbox"/> Spouse			
	<input type="checkbox"/> Child			
	<input type="checkbox"/> Interdependency relationship			
	<input type="checkbox"/> Other dependant			
	<input type="checkbox"/> Legal Personal representative (your estate)			

Name	Relationship	DOB	Gender	Proportion of Death Benefit
	<input type="checkbox"/> Spouse			
	<input type="checkbox"/> Child			
	<input type="checkbox"/> Interdependency relationship			
	<input type="checkbox"/> Other dependant			
	<input type="checkbox"/> Legal Personal representative (your estate)			

Name	Relationship	DOB	Gender	Proportion of Death Benefit
	<input type="checkbox"/> Spouse			
	<input type="checkbox"/> Child			
	<input type="checkbox"/> Interdependency relationship			
	<input type="checkbox"/> Other dependant			
	<input type="checkbox"/> Legal Personal representative (your estate)			

Member Declaration

I, the Member named above, direct the Trustee(s) of the Fund to pay my death benefit to the above person(s) 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(s) 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 or my Legal Personal Representative (that is, the executor of my will or the administrator granted letters of administration of my estate if I do not leave a

will), 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: *P.B. Hall*

Date: *7/2/07*

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 Witness: *B. Woodgate*
Print Name of Witness: *BRADLEY ROBERT WOODGATE*
Witness Date of Birth: *11/5/1976*

Date: *7/2/07*

Signature of Witness: *N. O'Neil*
Print Name of Witness: *NAOMI GRACE O'NEIL*
Witness Date of Birth: *06/10/1982*

Date: *7/2/07*

Binding Death Benefit Nomination

Name of Fund: THE RATHMONA SUPERANNUATION FUND

Member's Name: MARY THERESE ACKLAND
(Minor's Name if on behalf of minor)

Address: 'RATHMONA'
MOLUMBER RD
MOORA WA 6510

Date of Birth: 25/3/1945

Occupation: FARMER

Telephone: 0827 511 056 **Fax:** n/a.

1. The Nomination must be signed and dated by you in the presence of two witnesses aged 18 years or over. Both witnesses must also provide their date of birth, sign and date the Nomination. It is important to note that the witnesses cannot be persons nominated as beneficiaries.
2. If any of this information is not provided, then your Nomination may be invalid. The Trustee will contact you for clarification if this is the case.
3. It is not compulsory to complete this Nomination. Details of who a death benefit will be paid to in the situation where there is no valid Nomination can be found in Trustee Information Memorandum to Members – Binding Death Benefit Nomination.

		Nomination			
Name	Relationship	DOB	Gender	Proportion of Death Benefit	
PETER BARRETT ACKLAND	<input checked="" type="checkbox"/> Spouse	18/11/1948	MALE	100%	
	<input type="checkbox"/> Child				
	<input type="checkbox"/> Interdependency relationship				
	<input type="checkbox"/> Other dependant				
	<input type="checkbox"/> Legal Personal representative (your estate)				

Name	Relationship	DOB	Gender	Proportion of Death Benefit	
	<input type="checkbox"/> Spouse				
	<input type="checkbox"/> Child				
	<input type="checkbox"/> Interdependency relationship				
	<input type="checkbox"/> Other dependant				
	<input type="checkbox"/> Legal Personal representative (your estate)				

Name	Relationship	DOB	Gender	Proportion of Death Benefit
	<input type="checkbox"/> Spouse			
	<input type="checkbox"/> Child			
	<input type="checkbox"/> Interdependency relationship			
	<input type="checkbox"/> Other dependant			
	<input type="checkbox"/> Legal Personal representative (your estate)			

Name	Relationship	DOB	Gender	Proportion of Death Benefit
	<input type="checkbox"/> Spouse			
	<input type="checkbox"/> Child			
	<input type="checkbox"/> Interdependency relationship			
	<input type="checkbox"/> Other dependant			
	<input type="checkbox"/> Legal Personal representative (your estate)			

Name	Relationship	DOB	Gender	Proportion of Death Benefit
	<input type="checkbox"/> Spouse			
	<input type="checkbox"/> Child			
	<input type="checkbox"/> Interdependency relationship			
	<input type="checkbox"/> Other dependant			
	<input type="checkbox"/> Legal Personal representative (your estate)			

Member Declaration

I, the Member named above, direct the Trustee(s) of the Fund to pay my death benefit to the above person(s) 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(s) of the Fund, signed and dated by myself in the presence of two witnesses who are aged 18 years or over;
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will), 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: *[Handwritten Signature]* Date: 7/2/07

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 Witness: *[Handwritten Signature]* Date: 7/2/07
Print Name of Witness: BRADLEY J ROBERT WOODGATE
Witness Date of Birth: 11/5/1976

Signature of Witness: *[Handwritten Signature]* Date: 7/2/07
Print Name of Witness: NAOMI GRACE O'NEIL
Witness Date of Birth: 06/10/1982