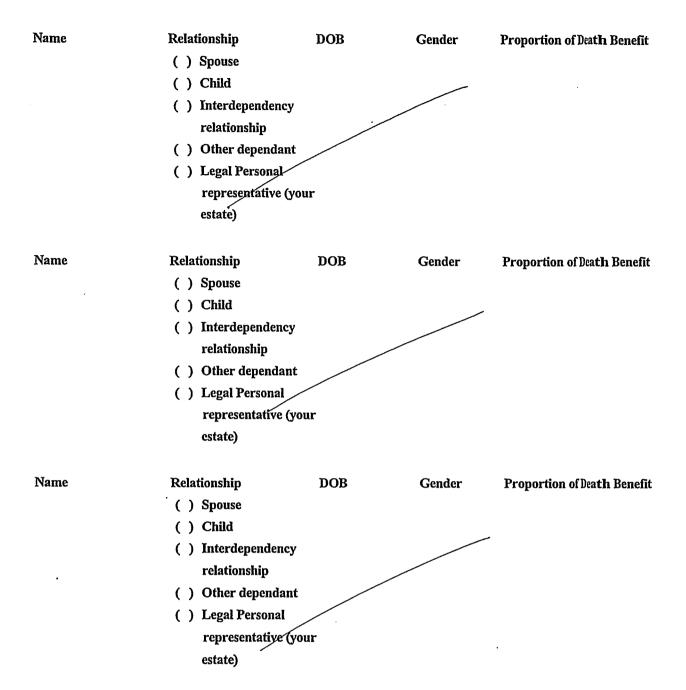
Binding Death Benefit Nomination

NT. CYT. Y	•	<i>~</i> .		
Name of Fund	: THE RATUR	nona Sure	RANNUATT	on rand
Member's Nan (Minor's Name	me: PETER e if on behalf of minor)	BARNES 1	ACKLAND.	
Address:	'LATHMONA' MOWNBER MOSRA h	RD		
Date of Birth:	moord h 18/11/1948	14 6510		
Occupation:	FARMER			
Telephone:	0427 511 056	Fax:	164.	
Both witnesses r		ate of birth, sign and		witnesses aged 18 years or over. action. It is important to note that
	information is not provide tion if this is the case.	led, then your Nom	ination may be i	invalid. The Trustee will contact
situation where t				th benefit will be paid to in the ion Memorandum to Members –
		Nomination	1	
Name	Relationship	DOB	Gender	Proportion of Death Benefit
MARY THERESE ACKLAND	(V) Spouse	25/3/1945	FEMALE	100%
ACKLAND	() Child			
ACKLAND	() Child () Interdepend	ency		
ACKLAMO	() Chia	ency		
ACKLAMS.	() Child () Interdepend	•		
ACKLAMS	() Enna () Interdepend relationship	dant	·	
ACKLAMS	() Enna () Interdepend relationship () Other depen	dant 1al	·	
ACKLAMO .	() Enno () Interdepend relationship () Other depen () Legal Person representati	dant 1al	Gender	Proportion of Death Benefit
	() Entid () Interdepend relationship () Other depen () Legal Person representati estate)	dant nal ve (your	Gender	Proportion of Death Benefit
	() Child () Interdepend relationship () Other depen () Legal Person representati estate) Relationship	dant nal ve (your	Gender	Proportion of Death Benefit
	() Child () Interdepend relationship () Other depen () Legal Person representati estate) Relationship () Spouse () Child () Interdepend	dant nal ve (your DOB	Gender	Proportion of Death Benefit
	() Child () Interdepend relationship () Other depen () Legal Person representati estate) Relationship () Spouse () Child () Interdepend relationship	dant nal ve (your DOB	Gender	Proportion of Death Benefit
	() Child () Interdepend relationship () Other depen () Legal Person representati estate) Relationship () Spouse () Child () Interdepend relationship () Other depen	dant nal ve (your DOB ency	Gender	Proportion of Death Benefit
•	() Child () Interdepend relationship () Other depen () Legal Person representati estate) Relationship () Spouse () Child () Interdepend relationship () Other depen () Legal Person	dant nal ve (your DOB ency dant	Gender	Proportion of Death Benefit
	() Child () Interdepend relationship () Other depen () Legal Person representati estate) Relationship () Spouse () Child () Interdepend relationship () Other depen	dant nal ve (your DOB ency dant	Gender	Proportion of Death Benefit



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.

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:

Print Name of Witness:

Witness Date of Birth:

Signature of Witness:

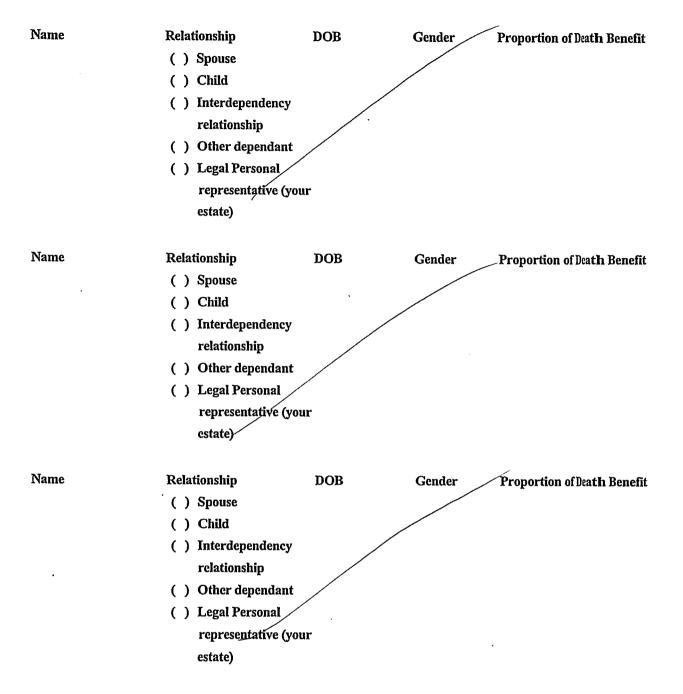
Print Name of Witness: Witness Date of Birth:

7/3/07

Binding Death Benefit Nomination

	Name of Fund:	THE	RATHMONA	SUPERAV	1NATTON	FUND
	Name of Fund: Member's Name if (Minor's Name if	on behal	EY MERESE f of minor)	E ACKL	4nD	
		'RATHMON MOLIUM !	A SER RD 4 WA	(-		
	Date of Birth:	MOOR 25/3/		6510		
	Occupation:	FARME	R			
	Telephone:	0417 5	5/1 056	Fax:	nl4.	
	1. The Nomination Both witnesses must the witnesses cannot	st also pro	vide their date of	f birth, sign and	oresence of two date the Nomin	witnesses aged 18 years or over. nation. It is important to note that
	2. If any of this inf you for clarification	ormation in if this is	is not provided, t the case.	then your Nomi	ination may be	invalid. The Trustee will contact
	3. It is not compul situation where the Binding Death Ben	re is no val	lid Nomination c	nination. Detai an be found in T	ls of who a dea Trustee Informa	oth benefit will be paid to in the tion Memorandum to Members –
				Momination	_	•
				Nominatior	1	
	Name	Relati	onship	DOB	ı Gender	Proportion of Death Benefit
PETER	Name BARNES		-		Gender	
PETER	Name BARNES ACKLAND		Spouse	DOB	Gender	Proportion of Death Benefit 100%
PETER	Name BARNE'S ACKLAND	(Y)	Spouse	DOB	Gender	
PETER	Name - BARAE3 ACKLAND	(少) ())	Spouse Child	DOB	Gender	
PETER	Name - BARAE'S ACKLANES	(以) () (() (Spouse Child (nterdependency	DOB 18/11/1948	Gender	
PETER	Name - BARNE'S ACKLAND	(y) (() (Spouse Child Interdependency relationship	DOB 18/11/1948	Gender	
PETER	Name - BARAE3 ACKLAND	() (() (() (() (Spouse Child Interdependency relationship Other dependant	DOB 18/11/1948	Gender	
PETER	Name - BARALIS ACKLANIS	(y) (() (() (() (Spouse Child Interdependency relationship Other dependant Legal Personal	DOB 18/11/1948	Gender	
PETER	Name BARAES ACKLANIS .	(y) (() (() (() (Spouse Child Interdependency relationship Other dependant Legal Personal representative (yestate)	DOB 18/11/1948	Gender	
PETER	- BARNES ACKLAND	() () () () () () () () () ()	Spouse Child Interdependency relationship Other dependant Legal Personal representative (yestate)	DOB 18/11/1948 Our	Gender MALE	100%
PETER	- BARNES ACKLAND	() () () () () () () () () ()	Spouse Child Interdependency relationship Other dependant Legal Personal representative (ye estate) onship Spouse Child	DOB 18/11/1948 Dur	Gender MALE	100%
PETER	- BARNES ACKLAND	() S () S () S () S () S () S () S () S	Spouse Child Interdependency relationship Other dependant Legal Personal representative (yeestate) onship	DOB 18/11/1948 Dur	Gender MALE	100%
PETER	- BARNES ACKLAND	() () () () () () () () () ()	Spouse Child Interdependency relationship Other dependant Legal Personal representative (your state) onship Spouse Child Interdependency	DOB 18/11/1948 DOB	Gender MALE	100%
PETER	- BARNES ACKLAND	() () () () () () () () () ()	Spouse Child Interdependency relationship Other dependant Legal Personal representative (yearstate) Onship Spouse Child Interdependency relationship	DOB 18/11/1948 DOB	Gender MALE	100%

estate)



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Signature of Member:

7/3/01

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:

Print Name of Witness:

Witness Date of Birth:

Signature of Witness: Print Name of Witness:

Witness Date of Birth:

B. Wester Hoshore

1115/17/6

06/10/1952

Date:

7/3/07

Date:

: 7/3/07