

SCHEDULE 2

Price Family Superfund

Direction to Trustee

BINDING DEATH BENEFIT NOMINATION

To: The Trustee(s)
of the Price Family Superfund ("Fund")

1. I revoke all previous binding death benefit nominations.
2. Pursuant to the provisions of Rule 11 of the Trust Deed of the Fund, I **Diane Price** of Unit 3 111 Thomas St Brighton East VIC 3187, being a Member of the Fund, **hereby direct** the Trustee for the time being of the Fund to pay my Death Benefit on or after my death to the following persons and in the following manner and proportions indicated below:



Nominated Beneficiaries		
Name:	Michael Price	
Relationship to me:	Spouse	
Type of Benefit Amount/Proportion of Benefit	<ul style="list-style-type: none"> • Lump Sum • Account Based Pension • As Lump Sum and/or Superannuation Income Stream in part or full as determined by Nominated Beneficiary 	<p>%</p> <p>%</p> <p>100%</p>

Notes:

- (i) *This Notice must be signed and dated by Diane Price in the presence of 2 witnesses, being persons:*
 - (a) *Each of whom has turned 18; and*
 - (b) *Neither of whom is a Nominated Beneficiary.*
- (ii) *Unless revoked by {2}, this Notice is Non-Lapsing and shall not cease.*
3. In the event that my Nominated Beneficiary or Beneficiaries referred to above shall fail to survive me for a period of thirty (30) days I direct the trustee to pay or transfer that predeceased Beneficiary's share of my Death Benefit to the Legal Personal Representative of my estate to be dealt with in accordance with my last Will.

4. I acknowledge that this Binding Death Benefit Nomination is made in accordance with Rule 11 of the Governing Rules of the Price Family Superfund and that if this nomination is not made and completed correctly the trustee shall treat this nomination as a Non-Binding Death Benefit Nomination.

Dated: 16th day of March 20 20

SIGNED by Diane Price in the presence of the) following witnesses who each declare that this) document was signed by the Member in their) presence:)	 Signature
 Signature of Witness	 Signature of Witness
PAUL PHAM Name of Witness	VANESSA PHAM Name of Witness

Initial: MP

SCHEDULE 2

Price Family Superfund

Direction to Trustee

BINDING DEATH BENEFIT NOMINATION

To: The Trustee(s)
of the Price Family Superfund ("Fund")

1. I revoke all previous binding death benefit nominations.
2. Pursuant to the provisions of Rule 11 of the Trust Deed of the Fund, I **Michael Price** of Unit 3 111 Thomas St Brighton East VIC 3187, being a Member of the Fund, **hereby direct** the Trustee for the time being of the Fund to pay my Death Benefit on or after my death to the following persons and in the following manner and proportions indicated below:

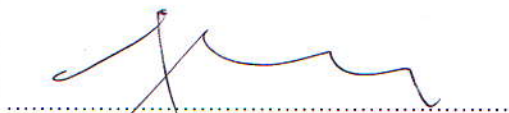

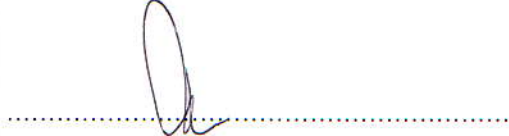
Nominated Beneficiaries		
Name:	Diane Price	
Relationship to me:	Spouse	
Type of Benefit Amount/Proportion of Benefit	<ul style="list-style-type: none">• Lump Sum• Account Based Pension• As Lump Sum and/or Superannuation Income Stream in part or full as determined by Nominated Beneficiary	<p style="text-align: right;">%</p> <p style="text-align: right;">%</p> <p style="text-align: right;">100%</p>

Notes:

- (i) *This Notice must be signed and dated by Michael Price in the presence of 2 witnesses, being persons:*
 - (a) *Each of whom has turned 18; and*
 - (b) *Neither of whom is a Nominated Beneficiary.*
- (ii) *Unless revoked by Michael Price, this Notice is Non-Lapsing and shall not cease.*
3. In the event that my Nominated Beneficiary or Beneficiaries referred to above shall fail to survive me for a period of thirty (30) days I direct the trustee to pay or transfer that predeceased Beneficiary's share of my Death Benefit to the Legal Personal Representative of my estate to be dealt with in accordance with my last Will.

4. I acknowledge that this Binding Death Benefit Nomination is made in accordance with Rule 11 of the Governing Rules of the Price Family Superfund and that if this nomination is not made and completed correctly the trustee shall treat this nomination as a Non-Binding Death Benefit Nomination.

Dated: 11th day of March 20 20

SIGNED by Michael Price in the presence of the following witnesses who each declare that this document was signed by the Member in their presence:)))))	 Signature
 Signature of Witness		 Signature of Witness
PAUL PHAM Name of Witness		VANESSA PHAM Name of Witness