BINDING DEATH BENEFIT NOMINATION

THE CDK SUPERANNUATION FUND

I, Doris Thomson of 4 Montrose Avenue Darlington WA 6070 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:

Please complete

NAME		% OF BENEFIT
CHRISTOPHER THOMSON		
	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 unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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.
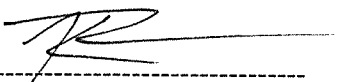
Doris Thomson   4 / 7 / 16
                                                                Date

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 of Witness 1   4 / 7 / 16
                                                                Date

Signature of Witness 2   4 / 7 / 16
                                                                Date

BINDING DEATH BENEFIT NOMINATION

THE CDK SUPERANNUATION FUND

I, Kylie Joy Thomson of 4 Montrose Avenue Darlington WA 6070 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:

Please Complete

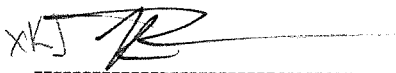| NAME		% OF BENEFIT
SPENCER FIRTH		100
	Total	100 /.

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.
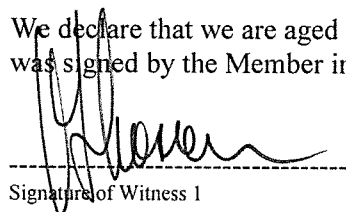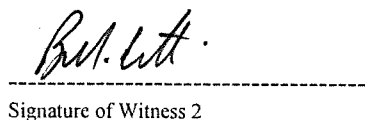
_____
Kylie Joy Thomson

5/ 7/ 16
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 of Witness 1

5/ 7/ 16
Date

_____
Signature of Witness 2

05/ 07/ 2016
Date

BINDING DEATH BENEFIT NOMINATION

THE CDK SUPERANNUATION FUND

I, Christopher Thomson of 4 Montrose Avenue Darlington WA 6070 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:

*Please Complete

NAME		% OF BENEFIT
Boris Thomson		
	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.

X CT

Christopher Thomson

4 / 7 / 16
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 of Witness 1

4 / 7 / 16
Date

Signature of Witness 2

4 / 7 / 16
Date