

BINDING DEATH BENEFIT NOMINATION

THE JG & LA SUPERANNUATION FUND

I, John Grant Lovegrove of 71 Howes Crescent Dianella WA 6059 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:

NAME	% OF BENEFIT
Lynette Anne Lovegrove	100%
Total	100%

I understand that:

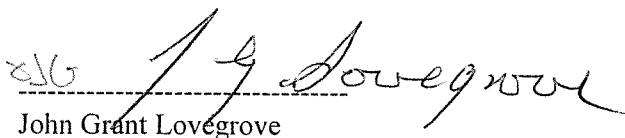
I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;

unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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



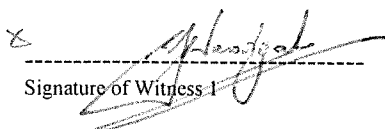
John Grant Lovegrove

22/1/15

Date

Witness Declaration

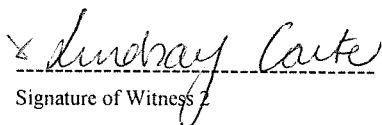
We declare that we are aged eighteen years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.



Signature of Witness 1

22/1/15

Date



Signature of Witness 2

22/1/15

Date

BINDING DEATH BENEFIT NOMINATION

THE JG & LA SUPERANNUATION FUND

I, Lynette Anne Lovegrove of 71 Howes Crescent Dianella WA 6059 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:

NAME		% OF BENEFIT
John Grant Lovegrove		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.

xLA L. A. Lovegrove
Lynette Anne Lovegrove

22/1/15
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.

x [Signature]
Signature of Witness

22/1/15
Date

x [Signature]
Signature of Witness 2

22/1/15
Date