

**BINDING DEATH BENEFIT NOMINATION**

**THE AR & RD MURLEY SUPERANNUATION FUND**

I, Allen Roy Murley of 361 Canning Road, Walliston, WA, 6076 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
REMEMBERED <i>Murley</i>		100%
	Total	

I understand that:

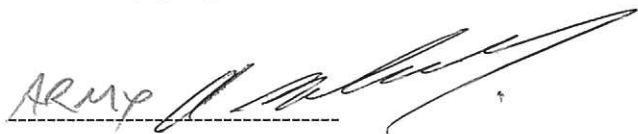
I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;

unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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

  
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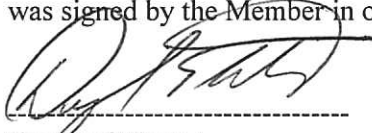
Allan Roy Murley

20/1/2015

Date

**Witness Declaration**

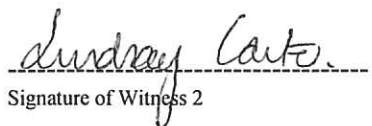
We declare that we are aged eighteen years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

  
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Signature of Witness 1

20/1/2015

Date

  
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Signature of Witness 2

20/1/2015

Date

**BINDING DEATH BENEFIT NOMINATION**

**THE AR & RD MURLEY SUPERANNUATION FUND**

I, Remedios Donaire Murley of 361 Canning Road, Walliston, WA, 6076 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
<i>Allen Murley</i>	<i>100 Percent</i>
Total	

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.

*Remedios Donaire Murley*  
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Remedios Donaire Murley

*20/1/2015*  
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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]*  
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Signature of Witness 1

*20/1/2015*  
-----  
Date

*[Signature]*  
-----  
Signature of Witness 2

*20/1/2015*  
-----  
Date