

**BINDING DEATH BENEFIT NOMINATION**

**THE RYAN SUPERANNUATION FUND**

I, Michael Rodney Ryan of 7 Loder Way Guildford WA 6055, 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
MARGARET ANN RYAN	100%
Total	100%

I understand that:

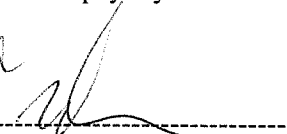
I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;

unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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

*MR*  
  
-----  
MICHAEL RODNEY RYAN

*17/1/14*  
-----  
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.

*L. [Signature]*  
-----  
Signature of Witness 1

*17/1/14*  
-----  
Date

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

*17/1/14*  
-----  
Date

**BINDING DEATH BENEFIT NOMINATION**

**THE RYAN SUPERANNUATION FUND**

I, Margeret Ann Ryan of 7 Loder Way Guildford WA 6055, 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
MICHAEL RODNEY RYAN	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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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.

*MAR M Ryan*  
-----  
MARGARET ANN RYAN

*1.7.14*  
-----  
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.

*B. Woodgate*  
-----  
Signature of Witness 1

*1.7.14*  
-----  
Date

*Dundray Carter*  
-----  
Signature of Witness 2

*1.7.14*  
-----  
Date