

BEANNAITHE SELF MANAGED SUPERANNUATION FUND
BINDING NOMINATION OF BENEFICIARY

I, JULIE MAREE WILMOT

Require the Trustee to pay, upon my death, benefits to the person or persons, and in the proportions, specified below:

1. Dependants

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
WILMOT	IAN SEAN	HUSBAND	100

OR

2. Legal Personal Representative 0 % OF BENEFIT

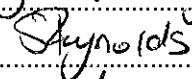
(to be distributed in accordance with my Will or relevant Intestacy laws)

Signature of Member: 

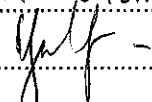
Witnesses

We, the undersigned, declare the Member signed and dated this form in our presence and that we are over 18 years of age; and we are neither Dependants specified above or the Legal Personal Representative of the Member.

Name of Witness: Suzanne Reynolds

Signature of Witness: 

Name of Witness: PETER GUSTAFSSON

Signature of Witness: 

this 5th day of October, 2017.

BEANNAITHE SELF MANAGED SUPERANNUATION FUND
BINDING NOMINATION OF BENEFICIARY

I, IAN SEAN WILMOT

Require the Trustee to pay, upon my death, benefits to the person or persons, and in the proportions, specified below:

1. Dependants

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
WILMOT	JULIE MAREE	WIFE	100

OR

2. Legal Personal Representative **0 % OF BENEFIT**

(to be distributed in accordance with my Will or relevant Intestacy laws)

Signature of Member: *IAS Wilmot*

Witnesses

We, the undersigned, declare the Member signed and dated this form in our presence and that we are over 18 years of age; and we are neither Dependants specified above or the Legal Personal Representative of the Member.

Name of Witness: *Suzanne Reynolds*

Signature of Witness: *S Reynolds*

Name of Witness: *Peter Gustafsson*

Signature of Witness: *[Signature]*

this *5th* day of *October*, 20*17*