

BINDING DEATH BENEFIT NOMINATION

To the Trustees of the *Fenterra Superannuation Fund*

1 Frances Harper

of 4 Carabreen Ct.,

Maleny, Qld 4552

proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
---------------------	--------------------	-----------------------	----------------------------------

as a member of the above fund, direct you to pay my death benefit to the following persons in the

<i>My Legal Personal Representative</i>	<i>100%</i>	<i>In cash ^{and} or in specie</i>
---	-------------	--

If any of the person nominated above predecease me I direct you to pay the proportion of my death benefit that would have been payable to that person to the following persons in the proportions as shown:

Name of Beneficiary	Relationship to Me	Percentage of Benefit	Transfer via Lump Sum or Pension
---------------------	--------------------	-----------------------	----------------------------------

[Handwritten signature]

I understand that:

1. I can amend or revoke this Nomination at any time by providing a new nomination.
2. Unless amended or revoked earlier, this nomination is binding on the trustees for a period of three (3) years from the date this nomination is signed. OR

I understand that this nomination will not lapse unless I amend or revoke it. (cross out whichever is inapplicable)

3. If the total proportion of my benefit nominated above does not equal my entire benefit then I understand that the trustee shall have discretion as to where the remaining proportion of my benefit shall be paid.

4. I understand that if I have not completed this nomination correctly then it may be invalid and that the trustee may then have a discretion as to where my benefit is paid.

I acknowledge that I have been provided with the necessary information to enable me to make an informed nomination and I fully understand the effect of this nomination.


Signed



Witnesses: (This nomination must be signed by 2 witnesses over the age of 18 and not named as beneficiaries)

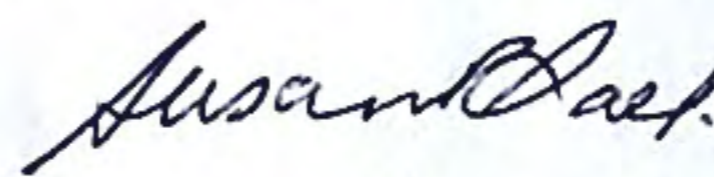
We declare that:

Date: 24/8/2017 This Nomination was signed by the member in our presence
We are aged 18 years or older
We are not named as beneficiaries in this nomination.



Name: INDRI

SEAGROVE



Name: SUSAN PATRICIA RAE

Date: 24/08/17

Date: 24/08/2017