

MATSUDA FAMILY SUPER FUND
BINDING DEATH BENEFIT NOMINATION FORM

For this form to be valid:

- It must be signed by two witnesses over 18 who are not listed as beneficiaries on this form
- You and your witnesses must sign and date on the same date, and
- Your total benefit nominations must equal 100%.

Member Details

Name: Nobuko Matsuda
Date of Birth: 09/09/1957
Address: Unit 3
178 Marsden Road
Dundas Valley, NSW, 2117

Telephone Number:
Email Address: nobuko0909@gmail.com

Make a binding death benefit nomination

Update an existing binding death benefit nomination

Beneficiary Nominations

- Each nominated beneficiary must be your spouse (legal or de facto), child (including adopted, step or ex-nuptial), a person who meets the definition of an interdependent, who is financially dependent on you (identify nature of relationship and nature of interdependency or financial dependency) or your legal representative (e.g. executor of your estate).
- Your total percentage of benefit nominations must add up to 100%. Please nominate to whom you wish your benefits to be paid in the event of your death.

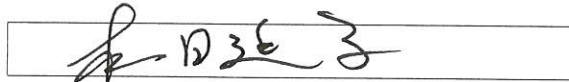
Name	Postal Address	DOB	Relationship	Proportion of Benefit
Claire Vella	Unit 3, 178 Marsden Road, Dundas Valley, NSW, 2117	09/11/1989	Daughter	50.00 %
Nicole Mariko Vella	Unit 3, 178 Marsden Road, Dundas Valley, NSW, 2117	04/10/1993	Daughter	50.00 %

Member's Declaration

I understand that:

- My beneficiary(ies) must be my spouse, child, financial dependant, an interdependent or a legal representative of my estate at the time of my death.
- My beneficiary(ies) and I will be bound by the provisions of Fund's Trust Deed and Product Disclosure Statement relating to binding death benefit nominations.
- This binding nomination is only valid for three years from the date it was first signed, dated and provided to the Trustee or any confirmation or amendment of it.
- I may at any time cancel or change a binding death nomination notice in accordance with Fund's procedures.
- If your nomination is invalid (for example, it is not correctly signed and witnessed, it is more than three years old and has not been renewed, or any of the people nominated dies before you or no longer falls within one of the permitted categories), the Trustee will use its discretion to determine how your benefit should be paid.
- This declaration must be signed by me in the presence of two witnesses (who are not a nominee on this form) both of whom are over 18.
- This nomination applies to all my benefits within this fund.

Signature of member:



Date: 01/01/2013

Witness Declaration

I hereby declare that I am aged 18 or more, I am not a beneficiary nominated on this form and the member signed this binding nomination in my presence.

Signature of Witness 1:



Date: 1/1/2013

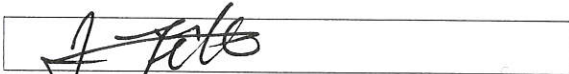
Note: must be signed on the same date as the member

Print name:

TERRY G. FIRKIN.

Date of Birth: 29/9/1950

Signature of Witness 2:



Date: 1/1/2013

Note: must be signed on the same date as the member

Print name:

JUNKO FUJITA

Date of Birth: 07/01/1960