

**BINDING DEATH BENEFIT NOMINATION**

**THE LEEMING SUPERANNUATION FUND**

I, Richard Edward Leeming of 213 Boase Road, Goomalling, WA, 6460 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
STUART GEOFFREY LEEMING	33.3
JAMES PHILLIP LEEMING	33.3
ALEX EDWARD LEEMING	33.4
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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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.

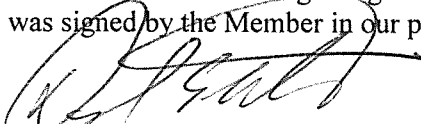
I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.

  
Richard Edward Leeming

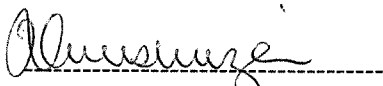
1/12/23  
Date

**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 of Witness 1

1/12/23  
Date

  
Signature of Witness 2

1/12/23  
Date

**BINDING DEATH BENEFIT NOMINATION**

**THE LEEMING SUPERANNUATION FUND**

I, Jane Elizabeth Leeming of 213 Boase Road, Goomalling, WA, 6460 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
Stuart Geoffrey Leeming	33.3
James Phillip Leeming	33.3
Alex Edward Leeming	33.4
Total	100

I understand that:

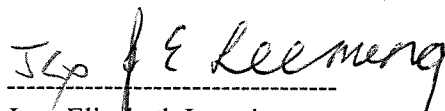
I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;

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.

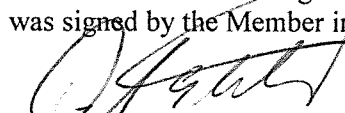
I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.

  
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Jane Elizabeth Leeming

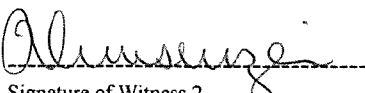
30/11/23  
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Date

**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.

  
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Signature of Witness 1

1/12/23  
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Date

  
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Signature of Witness 2

1/12/23  
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Date