## **NOMINATION OF BENEFICIARY**

Without wanting in any way to interfere with or influence the exercise of your absolute discretion as to whom and in what proportions the benefit payable in the event of my death is to be made, I would like my request to be known. I would like the benefit to be paid in the following manner, or as I subsequently advise:

Fund Name:	COLES CHOICE MEATS PTY LTD SUPERANNUATION BENEFITS FUND
Name of Beneficiary:	RODNEY MARIL COLES
Home address:	RODERICH ST SPALDING
Relationship:	HUSBAND
Proportion of Benefit	100%

Signature of member .......

Date 15/6/96