

**BINDING DEATH BENEFIT NOMINATION  
KJ & AC St LEDGER SUPER FUND**

I, **Alana Coral St Ledger of 55 East Street, Scarness, Queensland 4655** 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	Relationship	% of benefit
<b>Kerry John St Ledger 55 East Street Scarness Qld 4655</b>	<b>Spouse</b>	<b>100%</b>
<b>TOTAL</b>		<b>100%</b>

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- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;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 Fund's 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.

*Alana C. St Ledger*

NAME

*A.C. St. Ledger*

Date: *28/03/14*

**Witness Declaration**

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

*[Signature]*

Signature of Witness 1

Date *28/03/2014*

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Signature of Witness 2

Date *28/03/2014*

**BINDING DEATH BENEFIT NOMINATION  
KJ & AC St LEDGER SUPER FUND**


I, **Kerry John St Ledger** of **55 East Street, Scarness, Queensland 4655** 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	Relationship	% of benefit
<b>Alana Coral St Ledger</b> 55 East Street Scarness Qld 4655	Spouse	100%
<b>TOTAL</b>		<b>100%</b>

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;
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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.

  
 \_\_\_\_\_  
 NAME  
 K. J. St. Ledger

Date: 28/3/2014

**Witness Declaration**

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

  
 \_\_\_\_\_  
 Signature of Witness 1

Date 28/3/14

  
 \_\_\_\_\_  
 Signature of Witness 2

Date 28/03/2014