

**BINDING DEATH BENEFIT NOMINATION**

**THE HEFFERNAN SUPERANNUATION FUND**

I, Francis Doran Heffernan of 1 Florence Avenue, Narrogin, WA, 6312 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
<i>MARY ISABEL HEFFERNAN</i>	<i>100</i>
Total	<i>100.</i>

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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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.

*FD H Heffernan*  
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Francis Doran Heffernan

*27/1/2015*  
-----  
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.

*M Barnes*  
-----  
Signature of Witness 1

*27/1/2015*  
-----  
Date

*JR Barnes*  
-----  
Signature of Witness 2

*27/1/2015*  
-----  
Date

**BINDING DEATH BENEFIT NOMINATION**

**THE HEFFERNAN SUPERANNUATION FUND**

I, Mary Isabel Heffernan of 1 Florence Avenue, Narrogin, WA, 6312 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
<i>FRANCIS DOAN HEFFERNAN</i>	<i>100</i>
Total	<i>100</i>

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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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.

*Mary Isabel Heffernan*  
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Mary Isabel Heffernan

*27.1.2015*  
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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.

*M. Barnes*  
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Signature of Witness 1

*27.1.2015*  
-----  
Date

*J.R. Barnes*  
-----  
Signature of Witness 2

*27.1.2015*  
-----  
Date

**BINDING DEATH BENEFIT NOMINATION**

**THE HEFFERNAN SUPERANNUATION FUND**

I, Timothy Andrew Heffernan of Wickepin Kulin Road, Wickepin, WA, 6370 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
<i>ELIZABETH ANNE HEFFERNAN</i>	<i>100</i>
Total	<i>100</i>

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.

*T.A.H. Heffernan*  
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Timothy Andrew Heffernan

*27/1/2015*  
-----  
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.

\* *M. Barnes*  
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Signature of Witness 1

*27/1/2015*  
-----  
Date

\* *J.R. Barnes*  
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Signature of Witness 2

*27/1/2015*  
-----  
Date