

**WG & KM HENRY SELF MANAGED
SUPERANNUATION FUND
BINDING NOMINATION OF BENEFICIARY**

I, Mr Noah Henry

Require you to, upon my death, pay my death benefits under the Fund to the person or persons, and in the proportions, specified below:

1. Dependants

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
HENRY	WAYNE GERALD	FATHER	100%

AND/OR

2. Legal Personal Representative _____ % OF BENEFIT

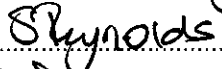
(to be distributed in accordance with my ~~Will~~ or relevant Intestacy laws)

Signature of Member: 

Witnesses

We, the undersigned, declare the Member signed and dated this form in our presence and that we are over 18 years of age; and we are neither Dependants specified above or the Legal Personal Representative of the Member.

Name of Witness: Suzanne Reynolds

Signature of Witness: 

Name of Witness: F. Allibonds

Signature of Witness: 

this 26 day of February 2020