

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

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I, Mr Kaleb Edmund 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

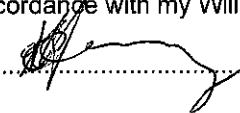
SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
HENRY	WAYNE	GERALD FATHER	100%

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**AND/OR**

2. Legal Personal Representative \_\_\_\_\_ % OF BENEFIT

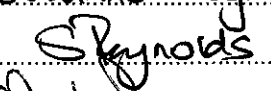
(to be distributed in accordance with my Will or relevant Intestacy laws)

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. No. 1~~

Signature of Witness: 

this 26 day of February 2020