

BINDING DEATH BENEFIT NOMINATION

HICKSON SUPERANNUATION FUND

I, Peter Adair Hamilton Hickson of 121 Connell Avenue MARTIN WA 6110 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>KATHLEEN ANNE HICKSON</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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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.

PAH

[Signature]

PAH HICKSON

04 / 02 / 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.

[Signature]
Signature of Witness 1

04 / 02 / 2015

Date

[Signature]
Signature of Witness 2

04 / 02 / 2015

Date

BINDING DEATH BENEFIT NOMINATION

HICKSON SUPERANNUATION FUND

I, Melina Jane Hickson of 119 Connell Avenue MARTIN WA 6110 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>JAMES BROADHURST</i>		<i>100</i>
	Total	<i>100.</i>

I understand that:

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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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

MJ Hickson

MJ HICKSON

04/02/2015

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.

[Signature]

Signature of Witness 1

04/02/2015

Date

[Signature]

Signature of Witness 2

04/02/2015

Date

BINDING DEATH BENEFIT NOMINATION

HICKSON SUPERANNUATION FUND

I, Kathleen Anne Hickson of 121 Connell Avenue MARTIN WA 6110 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
PETER ADAIR HAMILTON HICKSON	100
Total	100

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.

* 

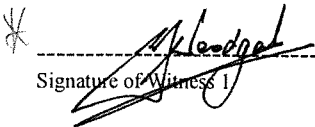
KA HICKSON

04/02/15

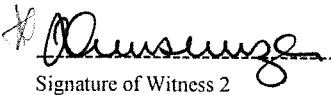
Date

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.

* 
Signature of Witness 1

04/02/15
Date

* 
Signature of Witness 2

04/02/15
Date