NOMINATION OF BENEFICIARY

THE PILLAY SUPERANNUATION FUND

I, **Kantha Pillay**, being a member of the above Fund nominate the following persons and request that, in the event of my death, the Trustee of the Fund considers them when exercising its discretion in determining payment of my entitlements under the Fund.

Name & Address of Person	Date of Birth	Relationship to Member	Benefit Proportion (%)
Kumarasan Pillay	27·01·66	Husband	50 %
19 A. Griffiths St			
Preesan Pillay			
19 A. Griffiths St	23·09·93	Son	50 %

I understand that this nomination can be either binding or non-binding upon the Trustee, and that in the case of non-binding, the Trustee does not have to follow my nomination.

I have indicated by marking the box below (✓) whether this nomination is to be binding or non-binding upon the Trustee:

☐ Binding   ☑ Non-Binding

I understand:

- that I am entitled to revoke the nomination, in whole or in part, at any time; and

- that the Trustee must comply with the requirement of the Superannuation Industry (Supervision) Act and Regulations when determining payment of my entitlement under the Fund.

If I have indicated that this nomination is binding, I wish to make the declaration next to the box marked (✓) below in relation to the period for which it has effect:

☐   I declare that this nomination will continue to bind the Trustee until I revoke it

☐   I declare that this nomination will continue to bind the Trustee for a period of ……. years after which time it will become non-binding unless I renew it.

....   1·07·2010
Kantha Pillay   **Date Signed**

DECLARATION BY WITNESS (*This declaration need only be completed if this nomination is **binding** on the Trustee. There must be 2 witnesses both over the age of 18 and neither mentioned as a beneficiary in this notice.*)

I ....
declare that this notice was signed by **Kantha Pillay** in my presence:

I ....
declare that this notice was signed by **Kantha Pillay** in my presence:

....
Signature of witness

....
Signature of witness

....
Name of witness

....
Name of witness

Dated ………/………/…………

Dated ………/………/…………