BINDING DEATH BENEFIT NOMINATION

BELEV SUPERANNUATION FUND

I, JAMES PATRICK AYERS of 65 Osmaston Road CARINE WA 6020 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
Natasha Lea Ayers		100%
	Total	

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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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

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.

12/10/2018 Date

Signature of Witness 2

BINDING DEATH BENEFIT NOMINATION

BELEV SUPERANNUATION FUND

I, NATASHA LEA AYERS of 65 Osmaston Road CARINE WA 6020 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
James Patrick Ayers		100%
	Total	

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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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

NATASHA LEA AYERS

816,01/6i

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

12, 10, 2018

Date

13/10/318

Date

Signature of Witness 2