

BINDING DEATH BENEFIT NOMINATION FORM

FUND NAME:

GRACIAS A DIOS
SUPERANNUATION FUND

MEMBER NAME:

Reina Magaly Wright
.....

FUND ACCOUNT NUMBER:

.....

IMPORTANT NOTICE FOR BINDING NOMINATIONS

In order to be effective, a binding nomination must be signed by 2 witnesses who are at least 18 years old and who are not named in this nomination form. Also, in order to have effect, this form must be delivered to the Trustee.

You may only nominate dependants or legal personal representatives.

A binding nomination is effective for 3 years after the day it was first signed or last confirmed or amended by the member. If you wish to confirm your nomination (to avoid it ceasing to have effect after 3 years) you may do so by providing a signed notice to that effect to the Trustee every 3 years.

Your binding nomination will also cease to have effect if you subsequently marry, remarry or divorce.

If you wish to amend or revoke your binding nomination you may do so by providing a notice to that effect to the Trustee, witnessed in the same manner as your original nomination (by two persons over the age of 18 years who are not named in the nomination form).

If a dependant nominated to receive a benefit predeceases the member or if a person nominated is not a dependant or legal personal representative at the time of the death of the member, that person's benefit will be distributed equally amongst the surviving nominated dependants or nominated personal legal representatives. If there are no surviving nominated dependants or a nominated legal personal representative it will be paid in accordance with the Trustee's discretion.

You must provide all details requested in this form. If you do not, the Trustee may need to contact you to obtain further information. In the absence of certain information, the rules governing binding nominations adopted by the Trustee provide for the following:

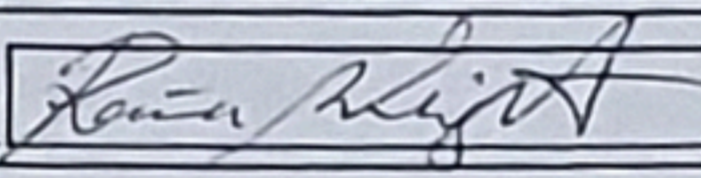
- < If you fail to specify any proportion, the benefit will be distributed equally among those persons nominated who are eligible to receive a benefit. If you do nominate percentages in respect of all nominated persons but the sum of the percentages is other than 100%, the percentages will be adjusted proportionately.
- < If you specify a proportion in respect of some but not all of the nominated persons, the residual amount will be distributed equally amongst those nominated persons in respect of whom no proportion is specified. In the event there is no residual amount, no benefit will be paid to those persons in respect of whom no proportion is specified.

I wish to make a **binding nomination** so that the benefit payable in the event of my death will be distributed in accordance with this form.

Surname	Given Name (s)	Relationship	Percentage (%) of benefit
Wright	Paul Richard	Spouse	100%
			Total 100%

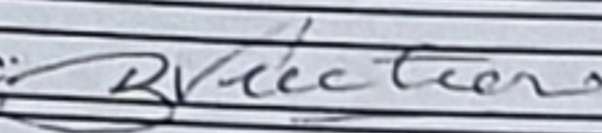
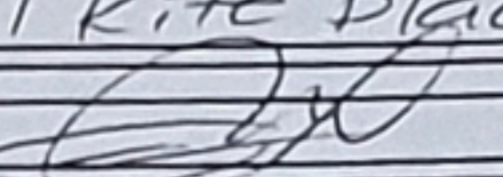
If you want all or part of the benefit to be paid to your Estate (and distributed in accordance with your Will), you should write "Legal Personal Representative" in the column headed Surname and write the relevant percentage in the column headed "Percentage (%) of benefit".

I DIRECT the Trustee to distribute the benefit payable in respect of me in the event of my death in accordance with this form.

Member Name	Member Signature
Reina Magaly Wright	
Date: 10/02/2022	

DECLARATION BY WITNESSES TO THE BINDING NOMINATION

WE, the undersigned, declare that we are at least 18 years of age and that this Notice was signed by the Member in our presence.

Name of Witness 1 Betzabe Villatoro	Name of Witness 2 Eida M. Perez
Address: 14/40-46 Lyana St. STAFFORD	Address: 1 Kite Place Albany Creek
Signature: 	Signature: 
Date 10 February 2022	Date: 10 Feb 2022

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SUPERANNUATION FUND

MEMBER NAME:

Paul Richard Wright
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FUND ACCOUNT NUMBER:

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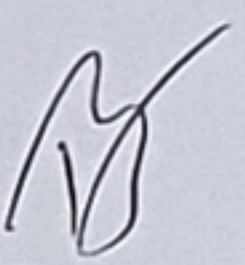
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Wright	Reina Magaly	Spouse	100%
			Total 100%

If you want all or part of the benefit to be paid to your Estate (and distributed in accordance with your Will), you should write "Legal Personal Representative" in the column headed Surname and write the relevant percentage in the column headed "Percentage (%) of benefit".

I DIRECT the Trustee to distribute the benefit payable in respect of me in the event of my death in accordance with this form.

Member Name	Member Signature
Paul Richard Wright	<i>Paul Wright</i>
Date: 10/2/2022	

DECLARATION BY WITNESSES TO THE BINDING NOMINATION

WE, the undersigned, declare that we are at least 18 years of age and that this Notice was signed by the Member in our presence.

Name of Witness 1 Betzabe Villatoro	Name of Witness 2 Elda M. Perez
Address: 14/40-46 Lutana St STAFFORD	Address: 1 Kite Place Albany Creek
Signature: <i>Betzabe Villatoro</i>	Signature: <i>Elda M. Perez</i>
Date 10 February 2022	Date: 10 Feb 2022