

**HAPPY RETIREMENT SUPERANNUATION FUND  
BINDING NOMINATION OF BENEFICIARY**

I, KATRINA LISA MERRELLS

Require the Trustee to pay, upon my death, benefits to the person or persons, and in the proportions, specified below:

1. Dependants

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
MCMULLEN	PETER RICHARD	DE FACTO	100

OR

2. Legal Personal Representative	% OF BENEFIT
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(to be distributed in accordance with my Will or relevant Intestacy laws)

Signature of Member:

K. Merrells

**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 1:

Tammy LYNNETTE ERRINGTON

Signature of Witness 1:

T. Errington

Name of Witness 2:

Brodley John Errington

Signature of Witness 2:

B. Errington

This 15 day of JULY, 2020