

BINDING DEATH BENEFIT NOMINATION

HARRIDGE SUPERANNUATION FUND

I, ROBERT BRUCE HARRIDGE of PO BOX 234 NEW NORCIA WA 6509 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
NICHOLAS BRUCE HARRIDGE.	33 1/3 %
ROBYN JANE FOWLER	33 1/3 %
SARAH GORGINA PENNY	33 1/3 %
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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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.


ROBERT BRUCE HARRIDGE

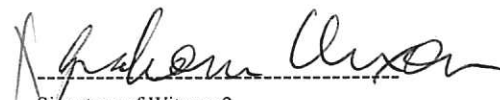
23, 4, 2015
Date

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 of Witness 1

23, 4, 2015
Date


Signature of Witness 2

23, 4, 2015
Date