

BINDING DEATH BENEFIT NOMINATION

THE TAY-BRIGHTON SUPERANNUATION FUND

I, Rosalyn Tay-Brighton of 120 Hazelmere Circus Hazelmere WA 6055, 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:

X
PLEASE COMPLETE

NAME	% OF BENEFIT
ANTHONY JOHN BRIGHTON	100%
Total	100%

I understand that:

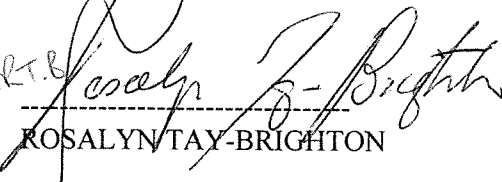
I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;

unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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

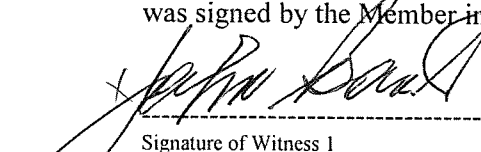
I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.

X R.T.B.

ROSALYN TAY-BRIGHTON

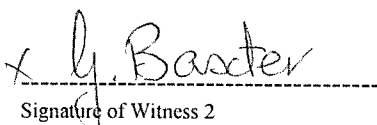
3, 2, 2015
Date

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.

X 
Signature of Witness 1

3, 2, 2015
Date

X 
Signature of Witness 2

3, 2, 2015
Date

BINDING DEATH BENEFIT NOMINATION

THE TAY-BRIGHTON SUPERANNUATION FUND

I, Anthony J Brighton of 120 Hazelmere Circus Hazelmere WA 6055, 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:

X
Please
complete

NAME	% OF BENEFIT
ROSALYN TAY BRIGHTON	100%
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.

XAJ

ANTHONY J BRIGHTON

3/2/2015

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.

X

Signature of Witness 1

3/2/2015

Date

X

Signature of Witness 2

3/2/2015

Date