

BINDING DEATH BENEFIT NOMINATION

BABE SUPERANNUATION FUND

I, William Gordon Babe of PO Box 392 Kalamunda WA 6926 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:

Please Complete X

NAME		% OF BENEFIT
Kelly Anne Babe		50%
Gordon Edward Babe		25%
Julie Ann McCorkill		25% 25%
Total		100%

I understand that:

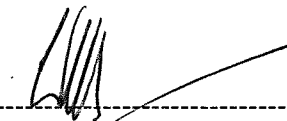
I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;

unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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

WGB


WILLIAM GORDON BABE

17/2/15

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]

Signature of Witness 1

17/2/15

Date

[Signature]

Signature of Witness 2

17/2/15

Date