

NOTICE TO TRUSTEE BY MEMBER

To the Trustees of THE GILMARTIN SUPERANNUATION FUND

I (member's name) Melissa DEMPSEY

hereby advise that my Membership Number in the above Fund is 1, and

1. NOMINATION RE TYPE OF BENEFIT PAYMENT: I hereby notify you that I require that my benefit entitlement, when payable, be applied in the following form and proportions:

TOWARDS THE PAYMENT OF A LUMP SUM: 100%
TOWARDS THE PAYMENT OF A PENSION: %

2. NOMINATION OF BENEFICIARY: I hereby notify you that I require that my benefit entitlement, in the event of my death before it is payable, be paid to my beneficiaries as nominated below and in the proportions nominated below:

Name: Darryl Gilmartin 100%
Address: 44 Penrith Ave, Wheeler Heights
Relationship: Husband
Name:
Address:
Relationship:

3. NOMINATION OF NEW ADDRESS: The following is my new address:

The above nomination(s) replace any previous nomination(s) I may have given.

Nomination(s) categories left blank have been crossed out.

Date: 4/03/08

SIGNATURE:

[Handwritten signature]