

**BINDING DEATH BENEFIT NOMINATION**

**The GC & LE Cooke Superannuation Fund**

I, Grant Collard Cooke of 1 Stoney Ridge Clydesdale Road, Grass Valley, WA, 6403 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
LINDA ELIZABETH COOKE	100
Total	

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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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

GCC & Glenside  
Grant Collard Cooke

13/4/2015  
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.

Dundray Carter  
Signature of Witness 1

13/4/2015  
Date

[Signature]  
Signature of Witness 2

13/4/2015  
Date

**BINDING DEATH BENEFIT NOMINATION**

**The GC & LE Cooke Superannuation Fund**

I, Linda Elizabeth Cooke of 1 Stoney Ridge Clydesdale Road, Grass Valley, WA, 6403 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
GRANT COLLETS COOKE	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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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.



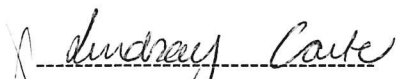
Linda Elizabeth Cooke

13/4/2015

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

13/4/2015

Date

  
Signature of Witness 2

13/4/2015

Date