

NON-LAPSING BINDING DEATH BENEFIT NOMINATION ("Nomination")

(Please read the attached Rules prior to completing your nomination)

MEMBER'S NOMINATION:

I, BERND RADEMACHER
(Insert Full Name of Nominating Member)

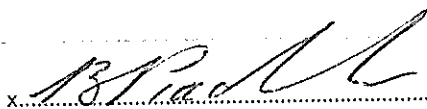
of 26 SHEPHARD STREET HOVE SA 5048
(Insert Address)

being a member of BENROZ SUPERANNUATION FUND ("Fund")
(Insert Full Name of Superannuation Fund)

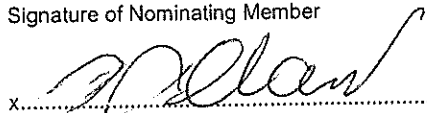
HEREBY REVOKE all previous binding death benefit nominations made by me in relation to the above superannuation fund and **NOMINATE** the person/s below (being my estate and/or my dependants) as my "Beneficiary/ies" in respect of my interest in the Fund whether held as a Member's accumulation or as a superannuation income stream ("**Benefit**").

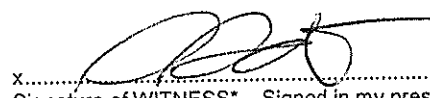
I acknowledge my understanding that this Nomination will be binding on the Trustee and will not lapse by effluxion of time (other than as provided for by the attached Rules) and that the terms and conditions otherwise applying to this Nomination are as set out in the Rules.

Name of Beneficiary/ies (if you are nominating your estate please write "My Estate")	Relationship (must be either a spouse, child, interdependent)	% of Benefit (must add up to 100%)
To my spouse Rosalyn Rademacher provided she survives me or if she does not survive me then to my Estate	Spouse	100%

x 
Signature of Nominating Member

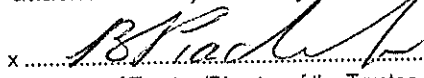
Dated: 21 105 / 2014

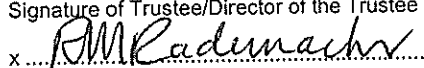
x 
Signature of WITNESS* – Signed in my presence by the Nominating Member who is either personally known to me or has satisfied me as to his or her identity. I confirm that I am not a nominated person under this Nomination.
Scott Leslie Allard
Print Full Name of Witness

x 
Signature of WITNESS* – Signed in my presence by the Nominating Member who is either personally known to me or has satisfied me as to his or her identity. I confirm that I am not a nominated person under this Nomination.
STUART SALT
Print Full Name of Witness

Trustee Acknowledgement, Consent & Agreement:

We, the persons who constitute the trustee / the directors of the trustee of the Fund as at the date of this Nomination hereby acknowledge, consent and agree to be bound by this Nomination (together with the attached Rules) made by the Nominating Member:

x 
Signature of Trustee/Director of the Trustee

x 
Signature of Trustee/Director of the Trustee

Dated: 21 105 / 2014

Dated: 21 105 / 2014

NON-LAPSING BINDING DEATH BENEFIT NOMINATION ("Nomination")

(Please read the attached Rules prior to completing your nomination)

MEMBER'S NOMINATION:

I,

ROSALYN RADEMACHER

(Insert Full Name of Nominating Member)

of

26 SHEPHARD STREET HOVE SA 5048

(Insert Address)

being a member of

BENROZ SUPERANNUATION FUND ("Fund")

(Insert Full Name of Superannuation Fund)

HEREBY REVOKE all previous binding death benefit nominations made by me in relation to the above superannuation fund and **NOMINATE** the person/s below (being my estate and/or my dependants) as my "Beneficiary/ies" in respect of my interest in the Fund whether held as a Member's accumulation or as a superannuation income stream ("**Benefit**").

I acknowledge my understanding that this Nomination will be binding on the Trustee and will not lapse by effluxion of time (other than as provided for by the attached Rules) and that the terms and conditions otherwise applying to this Nomination are as set out in the Rules.

Name of Beneficiary/ies (if you are nominating your estate please write "My Estate")	Relationship (must be either a spouse, child, interdependent)	% of Benefit (must add up to 100%)
To my spouse Bernd Rademacher provided he survives me or if he does not survive me then to my Estate	Spouse	100%

x R. Rademacher
Signature of Nominating Member

Dated: 21 / 05 / 2014

x [Signature]
Signature of WITNESS* – Signed in my presence by the Nominating Member who is either personally known to me or has satisfied me as to his or her identity. I confirm that I am not a nominated person under this Nomination.

Scott Leslie Aikard
Print Full Name of Witness

x [Signature]
Signature of WITNESS* – Signed in my presence by the Nominating Member who is either personally known to me or has satisfied me as to his or her identity. I confirm that I am not a nominated person under this Nomination.

STUART MICHAEL SALT
Print Full Name of Witness

Trustee Acknowledgement, Consent & Agreement:

We, the persons who constitute the trustee / the directors of the trustee of the Fund as at the date of this Nomination hereby acknowledge, consent and agree to be bound by this Nomination (together with the attached Rules) made by the Nominating Member:

x [Signature]
Signature of Trustee

Dated: 21 / 05 / 2014

x R. Rademacher
Signature of Trustee

Dated: 21 / 05 / 2014