SCHEDULE 2

Howard Louis Levitan Super Fund

Direction to Trustee

BINDING DEATH BENEFIT NOMINATION

To: The Trustee(s)

of the Howard Louis Levitan Super Fund ("Fund")

- 1. I revoke all previous binding death benefit nominations.
- 2. Pursuant to the provisions of Clause 99 of the Trust Deed of the Fund, I Howard Louis Levitan of 12 Meadow St St Kilda East VIC 3183, being a Member of the Fund, hereby direct the Trustee for the time being of the Fund to pay my Death Benefit on or after my death to the following persons and in the following manner and proportions indicated below:

Nominated Beneficiaries					
Name:	Pauline Levitan				
Relationship to me:	Spouse				
Type of Benefit Amount/Proportion of Benefit	Lump Sum Account Based Pension As Lump Sum and/or Superannuation Income Stream in part or full as determined by Nominated Beneficiary	100% % %			

Notes:

- (i) This Notice must be signed and dated by Howard Louis Levitan in the presence of 2 witnesses, being persons:
 - (a) Each of whom has turned 18; and
 - (b) Neither of whom is a Nominated Beneficiary.
- (ii) Unless revoked by Howard Louis Levitan, this Notice is Non-Lapsing and shall not cease.
- 3. In the event that my Nominated Beneficiary or Beneficiaries referred to above shall fail to survive me for a period of thirty (30) days I direct the trustee to pay or transfer that predeceased Beneficiary's share of my Death Benefit to the Legal Personal Representative of my estate to be dealt with in accordance with my last Will.

- 4. I acknowledge that this Binding Death Benefit Nomination is made in accordance with Clause 99 of the Governing Rules of the Howard Louis Levitan Super Fund and that if this nomination is not made and completed correctly the trustee shall treat this nomination as a Non-Binding Death Benefit Nomination.
- 5. I do not wish to nominate a Replacement Trustee for the purposes of the payment of my superannuation death benefits pursuant to this nomination.

Dated:	294	day of	M	arch 2020
SIGNED by	/ Howard Louis	Levitan in the)	
presence of	the following witne	esses who each)	
declare that	this document was	s signed by the)	,
Member in th	neir presence:)	Howard & Levitar
				Signature
	Witness			Signature of Witness
VAMIT Name of Witi	GLASMAN ness	······································		Dov Glasman Name of Witness