

Death Benefit Nomination

This document is a pro forma document only. Professional advice should be obtained before signing this document.

Name of Fund: THE KEITH PIPER SUPERANNUATION FUND.

Member Name: KEITH RAYMOND PIPER.

Address: 15 TERA RIDGE JOONSAWA WA 6037.

Date of Birth: 18/4/1954.

I, the Member named above, direct the Trustee of the Fund to pay any benefit in respect of my membership of the Fund following my death ("Benefit") in accordance with this Nomination.

1. Revocation

I revoke any previous binding or non-binding nominations.

2. Binding or Non-Binding (Please mark the applicable box)

2.1 Binding

This Nomination is binding on the Trustee.

OR

2.2 Non-binding

This Nomination is not to be binding on the Trustee and the Trustee is under no obligation to comply with it, but may, in exercising its discretion, take into account this Nomination.

3. Duration of Nomination

Unless amended or revoked, this Nomination does not lapse or expire unless I have specified otherwise below by marking the applicable box.

This Nomination:

is revoked if I revoke it in accordance with the Trust Deed

OR

does not lapse

OR

lapses on _____
(date)

OR

expires in the event that _____
(eg 'if value of super fund is \$X', or 'Y person predeceases me')

Signature of Member: XKR [Signature]

Date: 21-5-18

Witnesses

We declare that:

- this Nomination was signed by the Member in our presence;
- we are aged 18 or more; and
- we are not nominated as beneficiaries.

Signature of Witness: [Signature]

Date: 21/5/2018

Print Name of Witness: CAROL PETER

Occupation: Customer Support

Signature of Witness: [Signature]

Date: 21-5-18

Print Name of Witness: IAN TODD

Occupation: MECHANICAL SUPERVISOR

If you have any doubt as to whether a person you wish to nominate to receive any part of your death benefit is a dependant, you should seek professional advice before completing a Nomination.

4. A nomination requiring a benefit to be paid to your spouse will be revoked if proceedings have commenced under the Family Law Act 1975 (Cth) or similar laws seeking a dissolution of a relationship (including, but not limited to a marriage) between you and your spouse, or if proceedings have been instituted for Orders concerning property following separation from your spouse.

Death Benefit Nomination

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Name of Fund: THE KEITH PAER SUPERANNUATION FUND.

Member Name: LUCILLE ANNE AWERS FRANKLIN.

Address: 15 TERN RIDGE JONASDALE WA 6037

Date of Birth: 12/03/1955

I, the Member named above, direct the Trustee of the Fund to pay any benefit in respect of my membership of the Fund following my death ("Benefit") in accordance with this Nomination.

1. Revocation

I revoke any previous binding or non-binding nominations.

2. Binding or Non-Binding (Please mark the applicable box)

2.1 Binding

This Nomination is binding on the Trustee.

OR

2.2 Non-binding

This Nomination is not to be binding on the Trustee and the Trustee is under no obligation to comply with it, but may, in exercising its discretion, take into account this Nomination.

3. Duration of Nomination

Unless amended or revoked, this Nomination does not lapse or expire unless I have specified otherwise below by marking the applicable box.

This Nomination:

is revoked if I revoke it in accordance with the Trust Deed

OR

does not lapse

OR

lapses on _____
(date)

OR

expires in the event that _____
(eg 'if value of super fund is \$X', or 'Y person predeceases me')

4. Nominee(s)

Name of nominee beneficiaries	Relationship (Specify: spouse, child, interdependency relationship, financially dependant, or Legal Personal Representative of my deceased estate)	DOB	Amount of Benefit (% or \$ or remainder of Benefit)	Manner of Payment: Lump Sum or Pension* (Optional)
KEITH RAYMOND P. PER	SPOUSE	18/04/1954	100%	<input checked="" type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)

**If no manner of payment is specified, the Trustees of the Fund have the discretion to pay my Benefit as one or more lump sums or as a pension.*

5. Redistribution (Please mark the applicable box)

Not Applicable

OR

If any person nominated above dies before me, I direct the Trustee to distribute the Amount allocated to that person as follows:

6. Remainder of Benefit

To the extent this Nomination does not deal with 100% of my Benefit, the Trustee may, in its discretion, treat any amount not so dealt with in accordance with the Trust Deed.

7. Reversionary Pension

This Nomination does not alter any reversionary pensioner's entitlement.

8. Acknowledgement

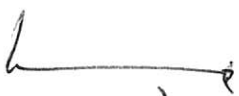
I acknowledge that the nominees are my dependants for the purposes of the *Superannuation Industry (Supervision) Act 1993*, being a spouse, child, person who is financially dependent on me, or a person with whom I am in an interdependency relationship, or my legal personal representative.


Signature of Member:  Date: 11/2/2015

Witnesses

We declare that:

- this Nomination was signed by the Member in our presence;
- we are aged 18 or more; and
- we are not nominated as beneficiaries.

Signature of Witness:  Date: 11/2/2015
Print Name of Witness: Tommy Pasury Occupation: Retired

Signature of Witness:  Date: 11/2/2015
Print Name of Witness: JANIS S. PASURY Occupation: BOOKKEEPER