

BINDING DEATH BENEFIT NOMINATION

The MK & LM Burges Superannuation Fund

I, Mervyn Keith Burges of PO Box 13 Meckering WA 6405 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:

*
Please
complete

NAME		% OF BENEFIT
SHANNON MAREE BAMFORD		50
NAHRAE AMY COOK		50
	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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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.

MKB
MKBurges

MERVYN K BURGES

---/---/-----
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.

X *[Signature]*

Signature of Witness 1

---/---/-----
Date

X *[Signature]*

Signature of Witness 2

---/---/-----
Date

BINDING DEATH BENEFIT NOMINATION

The MK & LM Burges Superannuation Fund

I, Ashley A Burges of PO Box 13 Meckering WA 6405 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:

*
Please
Complete

NAME		% OF BENEFIT
Seth Burges		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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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.

AA *ABurges*

ASHLEY A-BURGES

---/---/---
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]*

Signature of Witness 1

---/---/---
Date

* *MP Burges*

Signature of Witness 2

---/---/---
Date