

NOTICE TO TRUSTEE BY MEMBER

To the Trustees of THE JBD
SUPERANNUATION FUND

I (member's name) JUDITH ANN O'DEA
hereby advise that my Membership Number in the above Fund is 1, and

1. **NOMINATION RE TYPE OF BENEFIT PAYMENT:** I hereby notify you that I require that my benefit entitlement, when payable, be applied in the following form and proportions:

TOWARDS THE PAYMENT OF A LUMP SUM: 100 %
TOWARDS THE PAYMENT OF A PENSION: _____ %

2. **NOMINATION OF BENEFICIARY:** I hereby notify you that I require that my benefit entitlement, in the event of my death before it is payable, be paid to my beneficiaries as nominated below and in the proportions nominated below:

Name: TO MY LEGAL PERSONAL 100 %
Address: REPRESENTATIVE
Relationship: _____
Name: _____ %
Address: _____
Relationship: _____

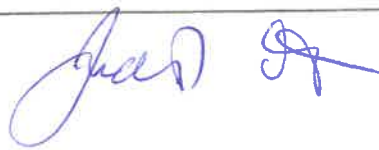
3. **NOMINATION OF NEW ADDRESS:** The following is my new address:

The above nomination(s) replace any previous nomination(s) I may have given.

Nomination(s) categories left blank have been crossed out.

Date: 17/12/14

SIGNATURE:



JAD