

**BINDING DEATH BENEFIT NOMINATION**

**THE SEWELL SUPERANNUATION FUND**

I, Judith May Sewell of Billeroy, Ucarty Road Goomalling, WA, 6460 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:

NAME		% OF BENEFIT
<i>DOUGLAS LONGROVE SEWELL</i>		<i>100</i>
	Total	<i>100</i>

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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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.

*JM Sewell*  
Judith May Sewell

*15/12/2014*  
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

*15/12/2014*  
Date

*[Signature]*  
Signature of Witness 2

*15/12/2014*  
Date