

A & S Hughes-d'Aeth Super Fund

BINDING NOMINATION OF BENEFICIARY

I, Annie Galbraith Hughes-d'Aeth

Require you to, upon my death, pay my death benefits under the Fund to the person or persons, and in the proportions, specified below:

1. Dependants

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
HUGHES-D'AETH	STEPHEN MICHAEL WOODLAND	HUSBAND	100%

AND/OR

2. Legal Personal Representative 0 % OF BENEFIT

(to be distributed in accordance with my Will or relevant Intestacy laws)

Signature of Member: [Signature] *Al Hughes-d'Aeth*

Witnesses

We, the undersigned, declare the Member signed and dated this form in our presence and that we are over 18 years of age; and we are neither Dependants specified above or the Legal Personal Representative of the Member.

Name of Witness: [Signature] *James L. [unclear]*

Signature of Witness: [Signature]

Name of Witness: [Signature] *Haylee Charsley*

Signature of Witness: [Signature]

this 27 day of January, 2018.

A & S Hughes-d'Aeth Super Fund

BINDING NOMINATION OF BENEFICIARY

I, Stephen Michael Woodland Hughes-d'Aeth

Require the Trustee to, upon my death, pay my death benefits under the Fund to the person or persons, and in the proportions, specified below:

1. Dependants

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
HUGHES-D'AETH	ANNIE GALBRATH	WIFE	100%

AND/OR

2. Legal Personal Representative 0 % OF BENEFIT

(to be distributed in accordance with my Will or relevant Intestacy laws).

Signature of Member: [Signature]

Witnesses

We, the undersigned, declare the Member signed and dated this form in our presence and that we are over 18 years of age; and we are neither Dependants specified above or the Legal Personal Representative of the Member.

Name of Witness: [Signature]

Signature of Witness: [Signature]

Name of Witness: Haylee Charsley

Signature of Witness: [Signature]

this 27 day of January, 2018.