

BINDING NOMINATION OF BENEFICIARIES (Rule 9.4)

This Binding Nomination revokes all previous Binding Nominations given by me.

I nominate the following persons to receive the following proportions of the benefits payable from the Fund when I die:

Name of Person to receive benefit	Relationship to me	Percentage of Benefit to be paid to them (This can be 100%)
KENNETH CASTLE	SPOUSE	100%

If you wish to nominate your estate, write "My legal personal representative" or "my estate" in the first column and leave the second column blank.

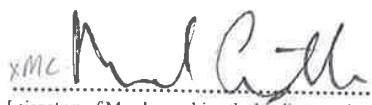
Dated: 9/03/07

SIGNED and dated by


Muriel Anne Castle
[insert full name of Member signing this nomination]

of 37 King Rd
[address]

Mount View 2325
[address]


[signature of Member making the binding nomination]

in our presence as witnesses

 J.A. PEREIRA
Full Name of First Witness

Address: 1536 Mount View Road
[address]

MILFORD 2325
[address]

A.J. PEREIRA DE JESUS
Full Name of Second Witness

Address: 1536 Mount View Road
[address]

MILFORD New 2325
[address]


DECLARATION by Witnesses

We declare that we are both over 18 years of age and that this Nomination was signed by Muriel Anne Castle in our presence, both of us being present at the same time.

[Name of Member]

Date: 22/03/2007


First Witness


Second Witness

Please read the notes on the next page

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Name of Person to receive benefit	Relationship to me	Percentage of Benefit to be paid to them (This can be 100%)
MURIEL CASTLE	SPOUSE	100%

If you wish to nominate your estate, write "My legal personal representative" or "my estate" in the first column and leave the second column blank.

Dated: 9/03/07

SIGNED and dated by

Kenneth George Castle
[insert full name of Member signing this nomination]

of 37 King Road
[address]

Mount View 2325
[address]

x KC.

[signature]
[signature of Member making the binding nomination]

in our presence as witnesses

JOSE A. PERCINA DE JESUS

Full Name of First Witness

Address: 1536 Mount View Rd
[address]

MILLFIELD 2325
[address]

ALISON S. PERCINA DE JESUS

Full Name of Second Witness

Address: 1536 Mount View Rd
[address]

MILLFIELD 2325
[address]

DECLARATION by Witnesses

We declare that we are both over 18 years of age and that this Nomination was signed by in our presence, both of us being present at the same time.

[Name of Member]

Date:

[signature]
First Witness

[signature]
Second Witness

Please read the notes on the next page