

BINDING DEATH BENEFIT NOMINATION

I, Emmalene Grace Jensen,

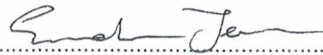
declare that, in the event of my death, it is my wish that the Trustees of this Fund pay out my benefit entitlement in the manner stipulated below.

AND I further declare that I understand and accept that if my instructions for payment are, or become contrary to statutory requirements the Trustee will not be bound by this nomination.

NAME OF BENEFICIARY	ADDRESS	RELATIONSHIP TO MEMBER	PERCENTAGE OF BENEFIT
HILTON P. JENSEN	3 ERREY ST, CAMP HILL	FATHER	50%
KERREN L. JENSEN	3 ERREY ST, CAMP HILL	MOTHER	50%

Dated 14/7/14


Signature of Applicant



Witnessed by :

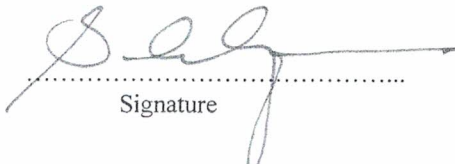
LAURENCE C JENSEN

Full name


Signature

SCOTT A. JENSEN

Full name


Signature

Declaration of witnesses:

I declare that this Binding Death Benefit Nomination was signed and dated by the above named Member in my presence and that I am 18 years or over and am not named as a beneficiary in this form.