

J & G Swindells Superannuation Fund

BINDING NOMINATION OF BENEFICIARY

I, Gillian Swindells

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
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AND/OR

2. Legal Personal Representative _____% OF BENEFIT

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

Signature of Member:

SIGN HERE

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:

WITNESS

Signature of Witness:

SIGN HERE

Name of Witness:

WITNESS

Signature of Witness:

SIGN HERE

this _____ day of _____, 2____.

J & G Swindells Superannuation Fund

BINDING NOMINATION OF BENEFICIARY

I, Jeffrey Mark Swindells

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
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AND/OR

2. Legal Personal Representative _____ % OF BENEFIT

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

Signature of Member:

SIGN HERE

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:

WITNESS

Signature of Witness:

SIGN HERE

Name of Witness:

WITNESS

Signature of Witness:

SIGN HERE

this _____ day of _____, 2____.