

DESIGNATED BENEFICIARY FORM

Fund Name: Darcy Kennedy Service Trust Superannuation Benefits Fund
Member Name: Michael Kennedy
Date of Birth: 03/12/1953

In accordance with the Rules of the Fund I nominate that the benefits from the Fund be paid to the following person(s) in the event of my death: -

FULL NAME OF BENEFICIARY	BENEFICIARY ADDRESS	RELATIONSHIP TO YOU	% OF BENEFIT	TOTAL \$ AMOUNT
Kaylene Marie Kennedy	90 Hannah St Beverly	Wife	100%	

Signature: *Michael Kennedy* **Date:** 6.3.08

In accordance with the Regulations and the Rules of the Fund I hereby require the Trustee, on or after my death, to pay my benefit from the Fund to the persons nominated above in the shares indicated.

I acknowledge that the Trustees have given me all the information I need to understand the effect of this notice and I understand that by giving this notice to the Trustees, the Trustees are required to comply with my direction and are not permitted to pay my benefit to the person or persons they would otherwise deem to have most claim upon the benefit.

I acknowledge that this notice is effective for three years from the date it is signed or renewed by me in writing.

Signature: *Michael Kennedy* **Date:** 6.3.08

This notice was signed by the above named member in my presence.

Signature of first witness: *[Signature]* **Date:** 6-3-08

This notice was signed by the above named member in my presence.

Signature of second witness: *[Signature]* **Date:** 6-3-08