

TO BE COMPLETED BY EMPLOYEE

Manildra Flour Mills Retirement Fund

Nomination of Preferred Beneficiaries

Preferred Dependant Details

This form must be used to advise the Trustee of your preferred beneficiaries in the event of your death.

| Name of Preferred Dependant (Name in full and address if available) | Relationship to Member | Percentage of benefit |
|---|------------------------|-----------------------|
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Note: the precise definition of "dependant" for the above purpose is contained in the Trust Deed. Generally, it means the spouse, including de facto spouse, and any children of the member and any other persons determined by the Trustee to be financially dependent on the Member at the time of the Member's death.

Declaration

I am aware that under the terms of the Trust Deed governing the Fund, the entitlement payable in the event of my death will be paid at the absolute discretion of the Trustee of the Fund to such a person or persons from amongst my dependants and/or to my legal personal representative as may be selected by the Trustee. However, it is my desire that the Trustee will pay the entitlement to the persons listed above in the proportions indicated opposite their respective names. I understand that this notification has no legal significance and does not in any way affect or restrict any authority, power or discretion vested in the Trustee to pay the entitlement.

This notification may be revoked by me at any time and will be cancelled automatically by any such notification.

Signature of Member: _____

Please give this form to your payroll officer or the Fund Secretary.