SCHEDULE 2

Six Donuts SMSF

Direction to Trustee

BINDING DEATH BENEFIT NOMINATION

To: The Trustee(s)

of the Six Donuts SMSF ("Fund")

- 1. I revoke all previous binding death benefit nominations.
- 2. Pursuant to the provisions of Rule 11 of the Trust Deed of the Fund, I Kerry Grace Bradley of Unit 4 147 Napoleon Rd, Lysterfield VIC 3156, being a Member of the Fund, hereby direct the Trustee for the time being of the Fund to pay my Death Benefit on or after my death to the following persons and in the following manner and proportions indicated below:

Nominated Beneficiaries			
Name:	Paul Bradley		
Relationship to me:	Interdependent Relationship		
Type of Benefit Amount/Proportion of Benefit	Lump Sum	%	
	Account Based Pension	%	
	As Lump Sum and/or Superannuation Income Stream in part or full as determined by Nominated Beneficiary	100%	

Notes:

- (i) This Notice must be signed and dated by Kerry Grace Bradley in the presence of 2 witnesses, being persons:
 - (a) Each of whom has turned 18; and
 - (b) Neither of whom is a Nominated Beneficiary.
- (ii) Unless revoked by Kerry Grace Bradley, this Notice is Non-Lapsing and shall not cease.
- 3. In the event that my Nominated Beneficiary or Beneficiaries referred to above shall fail to survive me for a period of thirty (30) days I direct the trustee to pay or transfer that predeceased Beneficiary's share of my Death Benefit to the Legal Personal Representative of my estate to be dealt with in accordance with my last Will.

- 4. I acknowledge that this Binding Death Benefit Nomination is made in accordance with Rule 11 of the Governing Rules of the Six Donuts SMSF and that if this nomination is not made and completed correctly the trustee shall treat this nomination as a Non-Binding Death Benefit Nomination.
- 5. I do not wish to nominate a Replacement Trustee for the purposes of the payment of my superannuation death benefits pursuant to this nomination.

Dated: day of		20
SIGNED by Kerry Grace Bradley in the presence		
of the following witnesses who each declare	that)	
this document was signed by the Member in	their)	
presence:)	
		Signature
Signature of Witness		Signature of Witness
Name of Witness		Name of Witness
Date of Birth: / /		Date of Birth://