

Expression of Wishes Form

Member Name: Colin David Ponting

Scheme Name (If applicable): Clayton Ponting Executive Pension Scheme

In the event of my death should there be an entitlement to a lump sum payment or dependant's pension I wish the payment/s to be made as follows:

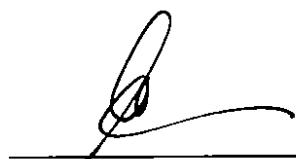
NAME OF DEPENDANT/BENEFICIARY	RELATIONSHIP	%
PAULINE HARRIS PONTING	WIFE	100

Nomination of Charity (crystallised benefits only)

In the event of there being no surviving financial dependant the part of your fund not payable to a nominated beneficiary as listed above may instead be paid to a charity. If you wish to nominate a charity/ies please name them below. Please note this should be nominated now and cannot be left to the Trustees' discretion.

NAME OF CHARITY	%

I understand that the Trustees will not be bound by this form and that it is only an expression of my wishes.



Signature of Member

19.4.11

Dated

Notes:

- The Trustees will have regard to but shall not be bound necessarily by the wishes expressed in writing in this form.
- If you leave the above spaces blank, the Trustees will exercise their full discretion as to whom benefits should be paid. The Trustees cannot however pay to a charity if none has been nominated.
- This form will replace any previous equivalent forms.
- In the event your Scheme holds any protected rights payments, any death benefits arising from that share of your fund must be used to provide an income to your spouse or civil partner. Only if no such person survives you can the benefit be paid as a lump sum.