

## NON-BINDING DEATH BENEFIT NOMINATION

### Byrne Superannuation Fund

I, **Marion Helen Byrne** of **29 Arundel Street, Forest Lodge, NSW 2037** as a Member of the Fund, hereby notify the Trustee of whom to pay my benefits in the Fund to, on or after my death:

Name	Relationship	% of benefit
<i>Bronwyn Carnigy</i>	<i>Sister</i>	<i>50%</i>
<i>Heather Byrne</i>	<i>sister</i>	<i>50%</i>
<b>Total</b>		<b>100%</b>

I understand that:

- I can amend or revoke this Non-Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;
- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;
- this Nomination is deemed invalid if completed incorrectly; and
- I have nominated persons who are "dependants" as outlined in the Fund's death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.

*MB*  
.....

Date: *29, 1, 09*  
.....

**Marion Helen Byrne**

#### Witness Declaration

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

Witness 1 *[Signature]*  
.....

Date: *29, 1, 09*  
.....

Witness 2 *[Signature]*  
.....

Date: *29, 1, 09*  
.....

## Binding Death Benefit Nomination

### Byrne Superannuation Fund

I, **Donn Desmond Byrne** of **12 Eastwood Place, Samford Valley, QLD 4520** as a Member of the Fund, hereby notify the Trustee of whom to pay my benefits in the Fund to, on or after my death:

Name	Relationship	% of benefit
Bronwyn Elizabeth CARRIGY	daughter	1/3
Heather Lynne BYRNE	daughter	1/3
Marion Hela BYRNE	daughter	1/3
<b>Total</b>		✓ 100%

I understand that:

- I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;
- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;
- this Nomination is deemed invalid if completed incorrectly; and
- I have nominated persons who are "dependants" as outlined in the Fund's death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.



Date: 5 / 3 / 2016

**Donn Desmond Byrne**

#### Witness Declaration

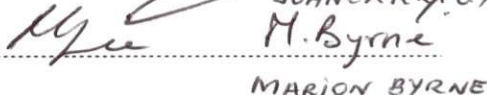
We declare that we are aged 18 years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

Witness 1

  
JOHN CARRIGY

Date: 5 / 3 / 2016

Witness 2

  
MARION BYRNE

Date: 5 / 3 / 2016

## Binding Death Benefit Nomination

### Byrne Superannuation Fund

I, **Bronwyn Elizabeth Carrigy** of **1 Pinewood Drive, Samford Valley, QLD 4520** as a Member of the Fund, hereby notify the Trustee of whom to pay my benefits in the Fund to, on or after my death:

Name	Relationship	% of benefit
James Richard Carrigy	son	1/3
Peter William Byrne Carrigy	son	1/3
Sarah Anne Carrigy	daughter	1/3
<b>Total</b>		<b>100%</b>

I understand that:

- I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;
- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;
- this Nomination is deemed invalid if completed incorrectly; and
- I have nominated persons who are "dependants" as outlined in the Fund's death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.

..... *B. Carrigy* .....

Date: 21/2/09

**Bronwyn Elizabeth Carrigy**

#### Witness Declaration

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

Witness 1 ..... *[Signature]* .....

Date: 21/2/09

Witness 2 ..... *[Signature]* .....

Date: 21/2/2009



Binding Death Benefit Nomination

Byrne Superannuation Fund

48 Highland Drive @ 3rd March 2016.

5/3/16  
5/3/16  
MB 5/3/16

I, Heather Lynne Byrne of ~~26 Rosemary Crescent, Bowral, NSW 2576~~ as a Member of the Fund, hereby notify the Trustee of whom to pay my benefits in the Fund to, on or after my death:

Name	Relationship	% of benefit
<del>Victoria Blumentals</del> <sup>BYRNE</sup>	Daughter	25%
<del>Elizabeth Blumentals</del>	Daughter	25%
<del>Henry Blumentals</del>	Son	25%
<del>William Byrne Pierce</del>	Son	25%
Total 4		100%

I understand that:

- I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;
- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;
- this Nomination is deemed invalid if completed incorrectly; and
- I have nominated persons who are "dependants" as outlined in the Fund's death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.

*Heather By*

Date: 24 / 01 / 09

Heather Lynne Byrne

3rd March 2016.

Witness Declaration

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

Witness 1 *A. Pierce*

Date: 24 / 01 / 09

Witness 2 *Sheerman*

Date: 24 / 01 / 09

5/3/16 Adjusted witnessed as per *MB*  
*2. CA 12/14*

Trustee(s) & Member(s)

5/3/16 Adjustment witnessed as per MB *MB*  
Heather Lynne Byrne