

A & P M Guzzo  
5 Milford Place,  
Bundoora Vic 3083  
24/09/2014

The Manager  
SuperHelp Australia Pty Ltd  
P.O.Box208 Hurstville NSW 1481  
Attention: Sandra (Client Services)

Dear Sandra,  
RE: Guzzo Super Fund Documents (a) Reversionary Nominations.  
(b) Binding Death Benefit Nominations.

I refer to your most recent email dated 17/9/2014 requesting that a copy of the above documents be provided for your files.

Reversionary Pension Documents dated 5<sup>th</sup> March 2008( Antonio Guzzo) and 6<sup>th</sup> March 2008 (Pamela May Guzzo) are enclosed.

Binding Death Benefit Nominations Documents for both members dated 18/05/2014 are also attached.

Hoping this clarifies the matter and thank you for your help in following this matter up o a suitable conclusion.

Yours Faithfully,



*P. Guzzo*

A & P M Guzzo  
Guzzo Super Fund.

Guzzo 2.

**ANTONIO GUZZO**  
**5 Milford Place , Bundoora, 3083**

**5<sup>th</sup> March, 2008**

**The Trustees**  
**Guzzo Super Fund**  
**5 Milford Place, Bundoora, Vic 3083**

Dear Sir & Madam,

I would like to use \$400,000.00 being the Whole balance of my interest of super benefits in the Guzzo Super Fund on Date 5<sup>th</sup> March, 2008 to commence an Allocated Pension, account based pension, payable on 28<sup>th</sup> day of each month.

Apart from a pension account for the Pension, I would like the fund to set up a new accumulation account within the fund for the purposes of receiving future undeducted super contributions made by myself (if any).

I nominate Mrs. Pamela May Guzzo as the reversionary beneficiary.

Thank You.

Yours sincerely,

  
\_\_\_\_\_  
<Member Signature>

*5<sup>th</sup> March 2008*  
\_\_\_\_\_  
Date

copy 4

**PAMELA MAY GUZZO**  
**5 Milford Place , Bundoora, 3083**

6<sup>th</sup> March, 2008

**The Trustees**  
**Guzzo Super Fund**  
**5 Milford Place, Bundoora, Vic 3083**

Dear Sir & Madam,

I would like to use \$400,000.00 being the Whole balance of my interest of super benefits in the Guzzo Super Fund on Date 6<sup>th</sup> March, 2008 to commence an Allocated Pension, account based pension, payable on 28<sup>th</sup> day of each month.

Apart from a pension account for the Pension, I would like the fund to set up a new accumulation account within the fund for the purposes of receiving future undeducted super contributions made by myself (if any).

I nominate Mr. Antonio Guzzo as the reversionary beneficiary.

Thank You.

Yours sincerely,

P. Guzzo  
<Member Signature>

6/3/2008  
Date

**BINDING DEATH BENEFIT NOMINATION**

*(Refer: Clause #92 TRUST DEED)*

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and  boxes where provided.

Title (Dr/Mr/Mrs/Ms/Miss) **MR** Surname **GUZZO**  
Given name(s) **ANTONIO**  
Residential address **5 MILFORD PLACE**  
Suburb **BUNDOORA** State **VIC** Postcode **3083**  
Mailing address (if different from above)  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone (h/f) **03 9467 3376** Phone (mobile) \_\_\_\_\_  
Email **TONYGUZZO@HOTMAIL.COM**  
Date of birth **18 12 1947** Gender Male  Female

Account number (if known) \_\_\_\_\_  
(you must complete a separate Binding Death Benefit Nomination form for each account that you hold)

Nomination status  New nomination  Amendment  Revocation (do not nominate any beneficiaries)

In the event of my death, I direct the Trustee to pay my benefit in accordance with the following direction:

- to nominate one or more Dependants complete Part A
- to nominate a Legal Personal Representative complete Part B
- to nominate both a Dependants) and a Legal Personal Representative complete Parts A and B and ensure that the total of Parts A and B add up to 100%
- to nominate more than four Dependants, please complete a second form and clearly state that the second form is a continuation of the first.

Part A Beneficiary

Title (Dr/Mr/Mrs/Ms/Miss) **MRS** Surname **GUZZO**  
Given name(s) **PAMELA MAY**  
Residential address **5 MILFORD PLACE**  
Suburb **BUNDOORA** State **VIC** Postcode **3083**  
Mailing address (if different from above)  
Suburb State Postcode  
Phone (bh) **03 9467 3376** Phone (mobile)  
Email  
Date of birth **04 08 1949** Gender Male Female   
Relationship to member  Spouse  De facto spouse  Child  Interdependency relationship  Financial Dependant  
Percentage of benefit **100.00** %  
My preferred form of payment is:  Lump sum  Pension

Please note your preferred form of payment is not binding on the Trustee.

~~Title (Dr/Mr/Mrs/Ms/Miss) Surname  
Given name(s)  
Residential address  
Suburb State Postcode  
Mailing address (if different from above)  
Suburb State Postcode  
Phone (bh) Phone (mobile)  
Email  
Date of birth Gender Male Female  
Relationship to member  Spouse  De facto spouse  Child  Interdependency relationship  Financial Dependant  
Percentage of benefit %  
My preferred form of payment is:  Lump sum  Pension~~

~~Please note your preferred form of payment is not binding on the Trustee.~~

Title (Dr/Mr/Mrs/Ms/Miss) ..... Surname .....

Given name(s) .....

Residential address .....

Suburb ..... State ..... Postcode .....

Mailing address (if different from above) .....

Suburb ..... State ..... Postcode .....

Phone (bh) ..... Phone (mobile) .....

Email .....

Date of birth ..... Gender interdependency relationship Male ..... Female ..... Financial Dependant

Relationship to member Spouse De facto spouse Child

Percentage of benefit ..... %

My preferred form of payment is: Lump sum Pension

Please note your preferred form of payment is not binding on the Trustee.

Title (Dr/Mr/Mrs/Ms/Miss) ..... Surname .....

Given name(s) .....

Residential address .....

Suburb ..... State ..... Postcode .....

Mailing address (if different from above) .....

Suburb ..... State ..... Postcode .....

Phone (bh) ..... Phone (mobile) .....

Email .....

Date of birth ..... Gender interdependency relationship Male ..... Female ..... Financial Dependant

Relationship to member Spouse De facto spouse Child

Percentage of benefit ..... %

My preferred form of payment is: Lump sum Pension

Please note your preferred form of payment is not binding on the Trustee.

Part B - Binding Death Benefit Representation

Legal Personal Representative

Percentage of benefit ..... %

If the percentage to be paid to your Legal Personal Representative is less than 100 per cent please ensure that the total amount of benefit to be allocated to your Dependents and your Legal Personal Representative adds up to 100 per cent.

Total of PART A and PART B ..... %

The percentages nominated in Step 2 must add up to 100 per cent or your Binding Death Benefit Nomination will be invalid, and will be treated as a Non-Binding Death Benefit Nomination.

understand that:

- I must be at least 18 years of age to complete a Binding Death Benefit Nomination
- the nomination must be in favour of one or more of my Dependants or my Legal Personal Representative
- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death
- the allocation of my benefit must be clearly set out
- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%)
- I must sign and date my nomination in the presence of two witnesses both of whom are at least 18 years of age and not nominated to receive my benefit
- my nomination will not be in effect until it has been received and accepted by the Trustee
- my nomination will expire three years after the date it is first signed or last confirmed or amended (confirmation of Binding Nomination form available at [www.ioof.com.au](http://www.ioof.com.au))
- I can revoke my nomination at any time in accordance with the Trustee's procedures
- if my nomination is not valid for any reason or has expired at the date of my death, it will be treated as a Non-Binding Death Benefit Nomination
- it is my responsibility to ensure my nomination remains valid and current.

**Member/applicant signature**

Please ensure that you sign and date this Binding Death Benefit Nomination form in the presence of two witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a Dependant in this Binding Death Benefit Nomination. Please also ensure that both witnesses sign and date the Witness declaration and signature section of this Binding Death Benefit Nomination form at the same time as you do and in each other's presence, otherwise your Binding Death Benefit Nomination will be invalid.

Signature

Date 18 / 05 / 2014

Please complete Step 4: Witness declaration and signature below.

Each witness must sign and date the Binding Death Benefit Nomination form in each other's presence and at the same time as the member/applicant, otherwise the Binding Death Benefit Nomination will not be valid.

I declare that I am at least 18 years of age, I have not been nominated as a Dependant and that this Binding Death Benefit Nomination form was signed and dated by the member/applicant in my presence and in the presence of the other witness.

Witness 1

Surname

JAN MOHAMED

Given name

FARAH

Witness signature 1

Date witnessed (must be same date the member/applicant signs)

18 / 05 / 2014

Witness 2

Surname

GUZZO

Given name

GLENN ANTHONY

Witness signature 2

Date witnessed (must be same date the member/applicant signs)

18 / 05 / 2014

**Please sign and return this form to :  
Guzzo Super fund, 5 Milford Place, Bundoora, Vic. 3083**

**BINDING DEATH BENEFIT NOMINATION**

*(Refer: Clause #92 TRUST DEED)*

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and  boxes where provided.

Title (Dr/Mr/Mrs/Ms/Miss) **MRS** Surname **GUZZO**  
Given name(s) **PAMELA MAY**  
Residential address **S MILFORD PLACE**  
Suburb **BUNDOORA** State **VIC** Postcode **3083**  
Mailing address (if different from above)  
Suburb State Postcode  
Phone (bh) **03 9467 3376** Phone (mobile)  
Email  
Date of birth **04 08 1949** Gender Male Female

Account number (if known)

You must complete a separate Binding Death Benefit Nomination form for each account that you hold.

Nomination status  New nomination  Amendment  Revocation (do not nominate any beneficiaries)

In the event of my death, I direct the Trustee to pay my benefit in accordance with the following direction:

- to nominate one or more Dependants complete Part A
- to nominate a Legal Personal Representative complete Part B
- to nominate both a Dependants and a Legal Personal Representative complete Parts A and B and ensure that the total of Parts A and B add up to 100%
- to nominate more than four Dependants, please complete a second form and clearly state that the second form is a continuation of the first.



Title (Dr/Mr/Mrs/Ms/Miss) **MR** Surname **GUZZO**  
 Given name(s) **ANTONIO**  
 Residential address **S MILFORD PLACE**  
 Suburb **BUNDOORA** State **VIC** Postcode **3083**  
 Mailing address (if different from above)  
 Suburb State Postcode  
 Phone (bh) **03 9467 3376** Phone (mobile)  
 Email  
 Date of birth **18/12/1947** Gender Male  Female   
 Relationship to member  Spouse  De facto spouse  Child   
 Interdependency relationship  Financial Dependant   
 Percentage of benefit **100.00** %  
 My preferred form of payment is: Lump sum  Pension   
 Please note your preferred form of payment is not binding on the Trustee.

~~Title (Dr/Mr/Mrs/Ms/Miss) Surname  
 Given name(s)  
 Residential address  
 Suburb State Postcode  
 Mailing address (if different from above)  
 Suburb State Postcode  
 Phone (bh) Phone (mobile)  
 Email  
 Date of birth Gender Male  Female   
 Relationship to member  Spouse  De facto spouse  Child   
 Interdependency relationship  Financial Dependant   
 Percentage of benefit %  
 My preferred form of payment is: Lump sum  Pension   
 Please note your preferred form of payment is not binding on the Trustee.~~

Title (Dr/Mr/Mrs/Ms/Miss) ..... Surname .....

Given name(s) .....

Residential address .....

Suburb ..... State ..... Postcode .....

Mailing address (if different from above) .....

Suburb ..... State ..... Postcode .....

Phone (bh) ..... Phone (mobile) .....

Email .....

Date of birth ..... Gender interdependency relationship Male ..... Female Financial Dependant .....

Relationship to member Spouse ..... De facto spouse ..... Child .....

Percentage of benefit ..... %

My preferred form of payment is: Lump sum ..... Pension .....

Please note your preferred form of payment is not binding on the Trustee.

Title (Dr/Mr/Mrs/Ms/Miss) ..... Surname .....

Given name(s) .....

Residential address .....

Suburb ..... State ..... Postcode .....

Mailing address (if different from above) .....

Suburb ..... State ..... Postcode .....

Phone (bh) ..... Phone (mobile) .....

Email .....

Date of birth ..... Gender interdependency relationship Male ..... Female Financial Dependant .....

Relationship to member Spouse ..... De facto spouse ..... Child .....

Percentage of benefit ..... %

My preferred form of payment is: Lump sum ..... Pension .....

Please note your preferred form of payment is not binding on the Trustee.

Part 5: Legal Personal Representative

Legal Personal Representative .....

Percentage of benefit ..... %

If the percentage to be paid to your Legal Personal Representative is less than 100 per cent please ensure that the total amount of benefit to be allocated to your Dependants and your Legal Personal Representative adds up to 100 per cent.

Total of PART A and PART B ..... %

The percentages nominated in Step 2 must add up to 100 per cent or your Binding Death Benefit Nomination will be invalid, and will be treated as a Non-Binding Death Benefit Nomination.

I understand that:

- I must be at least 18 years of age to complete a Binding Death Benefit Nomination
- the nomination must be in favour of one or more of my Dependants or my Legal Personal Representative
- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death
- the allocation of my benefit must be clearly set out
- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%)
- I must sign and date my nomination in the presence of two witnesses both of whom are at least 18 years of age and not nominated to receive my benefit
- my nomination will not be in effect until it has been received and accepted by the Trustee
- my nomination will expire three years after the date it is first signed or last confirmed or amended (confirmation of Binding Nomination form available at [www.ioof.com.au](http://www.ioof.com.au))
- I can revoke my nomination at any time in accordance with the Trustee's procedures
- if my nomination is not valid for any reason or has expired at the date of my death, it will be treated as a Non-Binding Death Benefit Nomination
- it is my responsibility to ensure my nomination remains valid and current.

#### Member/applicant signature

Please ensure that you sign and date this Binding Death Benefit Nomination form in the presence of two witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a Dependant in this Binding Death Benefit Nomination. Please also ensure that both witnesses sign and date the Witness declaration and signature section of this Binding Death Benefit Nomination form at the same time as you do and in each other's presence, otherwise your Binding Death Benefit Nomination will be invalid.

Signature

*P. Guzzo*

Date 18/05/2014

Please complete Step 4: Witness declaration and signature below.

Each witness must sign and date the Binding Death Benefit Nomination form in each other's presence and at the same time as the member/applicant, otherwise the Binding Death Benefit Nomination will not be valid.

I declare that I am at least 18 years of age, I have not been nominated as a Dependant and that this Binding Death Benefit Nomination form was signed and dated by the member/applicant in my presence and in the presence of the other witness.

Witness 1

Surname

JAN MOHAMED

Given name

FARAH

Witness signature 1

*Farah Mohamed*

Date witnessed (must be same date the member/applicant signs)

18/05/2014

Witness 2

Surname

GUZZO

Given name

GLENN ANTHONY

Witness signature 2

*Glenn Guzzo*

Date witnessed (must be same date the member/applicant signs)

18/05/2014

**Please sign and return this form to :  
Guzzo Super fund, 5 Milford Place, Bundoora, Vic. 3083**