

original

**BINDING DEATH BENEFIT
BENEFICIARY NOMINATION FORM**

To the Trustees of:

Mr Gregory Charles Nelson

SUPERANNUATION FUND

Member Details: 1

Member: GREGORY CHARLES NELSON

Date of Birth: 2.10.1943

Address: 108 Station Street, Arncliffe NSW 2205

Nominated Beneficiary Details:

Beneficiary 1 Details (Legal Personal Representative / Dependant - Circle whichever is applicable)

Name: THE PUBLIC TRUSTEE NSW

Date of Birth: _____

Relationship to Member: LEGAL REPRESENTATIVE

Percentage (%) of Benefit: _____

AS EXECUTOR - FUNDS TO BE PAID TO MY ESTATE

Beneficiary 2 Details (Legal Personal Representative / Dependant*)

Name: _____

Date of Birth: _____

Relationship to Member: _____

Percentage (%) of Benefit: _____

G. Nelson

Date: 3.10.2008

Signature of Member

Independent Witnesses Declaration:

I declare that this Nomination Form was signed and dated by the above-named Member in my presence and that I am 18 years or over and I am not named as a beneficiary in this Form.

Signature of Witness 1 C. Thomas

Name: CAROL THOMAS Date of Birth: 29-3-58 Date: 3-10-08

Signature of Witness 2 K. Pucette

Name: Kathleen Pucette Date of Birth: 27.1.57 Date: 3.10.08.

ACN 129 886 808

ABN 55031720476

TFN 877578615

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DEATH BENEFIT BENEFICIARY
NOMINATION FORM

To the Trustees of: Gregory Nelson Superannuation Fund

Member Details: N° 1

Member: Gregory Charles Nelson

Date of Birth: 02 October 1943

Address: 108 Station Street
ARNCLIFFE NSW 2205

Nominated Beneficiary Details:

Beneficiary 1 Details (Legal Personal Representative / ~~Dependant~~)

Name: NSW TRUSTEE & GUARDIAN (NSW PUBLIC TRUSTEE) Date of Birth: _____

Relationship of Dependant to Member: LEGAL REPRESENTATIVE Percentage (%) of Benefit: 100
AS EXECUTOR - FUNDS TO BE PAID TO MY ESTATE

Beneficiary 2 Details (Legal Personal Representative / Dependant*)

Name: _____ Date of Birth: _____
Relationship of Dependant to Member: NA Percentage (%) of Benefit: _____

Beneficiary 3 Details (Legal Personal Representative / Dependant*)

Name: _____ Date of Birth: _____
Relationship of Dependant to Member: NA Percentage (%) of Benefit: _____

Beneficiary 4 Details (Legal Personal Representative / Dependant*)

Name: _____ Date of Birth: _____
Relationship of Dependant to Member: NA Percentage (%) of Benefit: _____

* Circle whichever is applicable

Note: If there is insufficient room to list all beneficiaries, please complete an additional Death Benefit Beneficiary Nomination Form and attach it to this form.

DEATH BENEFIT BENEFICIARY
NOMINATION FORM (cont'd)

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To THE TRUSTEES of: GREGORY NELSON SUPERANNUATION FUND

Declaration: NON-LAPSING BINDING NOMINATION

I declare that:

- this nomination revokes any previous nomination which I have made;
- in the event of my death, the Trustee will pay my death benefit in accordance with this

- three year binding nomination (will automatically expire in three years)* OR
- non-lapsing binding nomination (is binding indefinitely unless amended or revoked)* OR
- non-binding nomination (is only a beneficiary statement of your wishes and is not binding on the trustee/s)*

* please indicate one only with an X

unless I revoke or amend this nomination.

Note: This nomination cannot be signed under Power of Attorney. See clauses 1.1, 50.4 and 51 of the Super Concepts Trust Deed for further explanation of the Beneficiary Nomination choices.

Signature of Member: Nelson

Date: 11-06-2013

Independent Witnesses:

Signature of Witness 1: Scarlett

Name: Ulrike Scarlett Date of Birth: 26-1-65 Date: 11/6/13

Signature of Witness 2: Birdsell

Name: Brooke Birdsell Date of Birth: 18/4/1975 Date: 11/6/13

Declaration of Witnesses: JP # 111089

I declare that this Nomination Form was signed and dated by the above-named Member in my presence and that I am 18 years or over and I am not named as a beneficiary in this Form.