

GCL SUPER FUND

MEMBER BINDING DEATH BENEFIT NOMINATION

MEMBER BINDING DEATH BENEFIT NOMINATION

Date: 6/12/2021

Name of Fund: GCL Super Fund

Members name: Christine Longbottom of 27 Whitehaven Way, Pelican Waters

Date of Birth: 24/3/1952

BINDING NOMINATION

I, Christine Longbottom being a member of the Fund hereby make the following Binding Death Benefit Nomination in respect of all of my superannuation interests in the Fund pursuant to the Fund's Rules:

<i>Full name of nominated beneficiary</i>	<i>Relationship to member</i>	<i>Percentage (must total 100%)</i>
GARY LONGBOTTOM	SPOUSE	100% %
Total		%

If all persons nominated in the table above do not survive me, or die before the relevant entitlement has been paid, then I hereby make the direction to pay a lump sum payment to the nominated beneficiary(s) below by the Trustee.

<i>Full name of nominated beneficiary</i>	<i>Relationship to member</i>	<i>Percentage (must total 100%)</i>
Estate	Estate	100 %
		%
Total		100 %

If any persons nominated in the table above do not survive me, their relevant share of the superannuation benefit must be paid to the other person or persons or their legal representatives. In the case that one or more have survived me they are able to take the benefit as a lump sum payment.

If all persons nominated in the table immediately above do not survive me, or die before the relevant entitlement has been paid, then I hereby make the direction to pay a lump sum payment to the nominated beneficiary(s) below by the Trustee.

<i>Full name of nominated beneficiary</i>	<i>Relationship to member</i>	<i>Percentage (must total 100%)</i>
		%

Total	%
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I revoke all of my prior binding death benefit nominations and declare this to be my last Binding Death Benefit Nomination.

Signed by:

The Member

Signed by Christine Longbottom:



Christine
Longbottom
Member

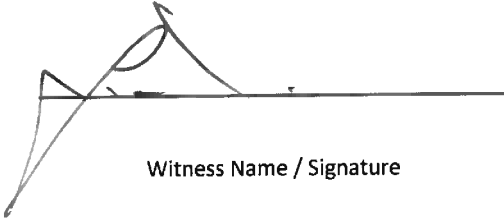
WITNESS DECLARATIONS

Declaration of Witness 1:

I, (print name of Witness 1)..... JAMES MULHEARN
of (print address)..... A7 ORLEIGH ST WEST END Q 4101

declare that:

- 1) I am a person over 18 years;
- 2) I am not a person mentioned in the Binding Death Benefit Nomination; and
- 3) Christine Longbottom of 27 Whitehaven Way, Pelican Waters signed this Death Benefit Nomination in my presence and in the presence of the other witness.


Witness Name / Signature

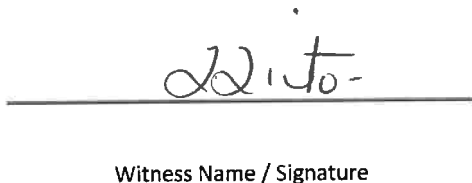
Dated: 6/12/2021

Declaration of Witness 2:

I, (print name of Witness 2)..... LYNNE LINTON
of (print address)..... 2/10 Lake Kawana Bvd, BIRINYA QLD 4575

declare that:

- 1) I am a person over 18 years;
- 2) I am not a person mentioned in the Binding Death Benefit Nomination; and
- 3) Christine Longbottom of 27 Whitehaven Way, Pelican Waters signed this Death Benefit Nomination in my presence and in the presence of the other witness.


Witness Name / Signature

Dated: 6.12.2021

**LETTER OF ACCEPTANCE BY TRUSTEE FOR THE BINDING DEATH BENEFIT
NOMINATION FOR CHRISTINE LONGBOTTOM**

Date: 6/12/2021

ATTENTION:

Christine Longbottom of 27 Whitehaven Way, Pelican Waters

TRUSTEE ACCEPTANCE:

The Trustee has received your Binding Death Benefit Nomination prepared in accordance with the Trust Deed of the Fund. A review has been undertaken in relation to the request with advice sought from the Fund's SMSF adviser.

Following this advice, the Trustee has resolved to accept your Binding Death Benefit Nomination. Notwithstanding the provisions of the Binding Death Benefit Nomination, the Trustee reserves the right at the time of death to assess the cash flow requirements that may be faced by the Fund as a consequence of any death benefits becoming payable. If the Trustee, on the advice of a SMSF adviser or the Fund's auditor, is of the view that the payment of any binding death benefit payout may render the Fund insolvent the Trustee may take appropriate action to adjust the payment of your superannuation benefits.

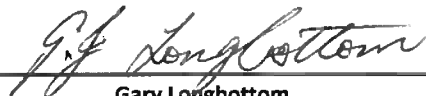
The Binding Death Benefit Nomination shall remain valid unless revoked or varied by Christine Longbottom.

If you wish to amend your Binding Death Benefit Nomination, please provide the Trustee with details of the amendment as soon as possible and ensure that any amendment is prepared in accordance with the Trust Deed of the Fund.

Signed by:

The Trustee

Executed by TOYE PTY LTD - ACN 605 119 186 by:



Gary Longbottom
Director



**Christine
Longbottom**
Director

GCL SUPER FUND

MEMBER BINDING DEATH BENEFIT NOMINATION

MEMBER BINDING DEATH BENEFIT NOMINATION

Date: 6/12/2021
 Name of Fund: GCL Super Fund
 Members name: Gary Longbottom of 27 Whitehaven Way
 Date of Birth: 13/3/1950

BINDING NOMINATION

I, Gary Longbottom being a member of the Fund hereby make the following Binding Death Benefit Nomination in respect of all of my superannuation interests in the Fund pursuant to the Fund's Rules:

<i>Full name of nominated beneficiary</i>	<i>Relationship to member</i>	<i>Percentage (must total 100%)</i>
CHRISTINE LONGBOTTOM	SPOUSE	100% %
Total		%

If all persons nominated in the table above do not survive me, or die before the relevant entitlement has been paid, then I hereby make the direction to pay a lump sum payment to the nominated beneficiary(s) below by the Trustee.

<i>Full name of nominated beneficiary</i>	<i>Relationship to member</i>	<i>Percentage (must total 100%)</i>
ESTATE	ESTATE	100 %
		%
Total		100 %

If any persons nominated in the table above do not survive me, their relevant share of the superannuation benefit must be paid to the other person or persons or their legal representatives. In the case that one or more have survived me they are able to take the benefit as a lump sum payment.

If all persons nominated in the table immediately above do not survive me, or die before the relevant entitlement has been paid, then I hereby make the direction to pay a lump sum payment to the nominated beneficiary(s) below by the Trustee.

<i>Full name of nominated beneficiary</i>	<i>Relationship to member</i>	<i>Percentage (must total 100%)</i>
—	—	— %

Total	%
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I revoke all of my prior binding death benefit nominations and declare this to be my last Binding Death Benefit Nomination.

Signed by:

The Member _____

Signed by Gary Longbottom:



Gary Longbottom
Member

WITNESS DECLARATIONS

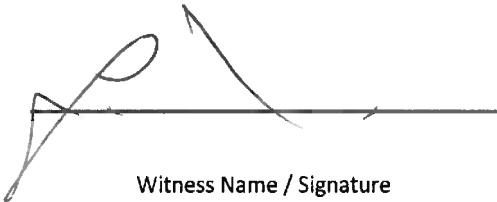
Declaration of Witness 1:

I, (print name of Witness 1)..... JAMES MULLHEARN

of (print address)..... 47 ORLEIGH ST WEST END QLD 4101

declare that:

- 1) I am a person over 18 years;
- 2) I am not a person mentioned in the Binding Death Benefit Nomination; and
- 3) Gary Longbottom of 27 Whitehaven Way, Pelican Waters signed this Death Benefit Nomination in my presence and in the presence of the other witness.


Witness Name / Signature

Dated: 6/12/2021

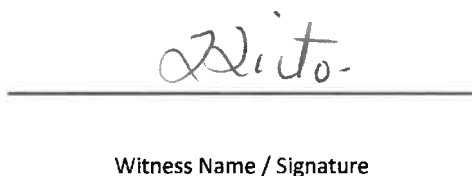
Declaration of Witness 2:

I, (print name of Witness 2)..... LYNNE LINTON

of (print address)..... 2/10 Lake Kawana Blvd, BIRTINYA QLD 4575

declare that:

- 1) I am a person over 18 years;
- 2) I am not a person mentioned in the Binding Death Benefit Nomination; and
- 3) Gary Longbottom of 27 Whitehaven Way, Pelican Waters signed this Death Benefit Nomination in my presence and in the presence of the other witness.


Witness Name / Signature

Dated: 6-12-2021

**LETTER OF ACCEPTANCE BY TRUSTEE FOR THE BINDING DEATH BENEFIT
NOMINATION FOR GARY LONGBOTTOM**

Date:

6/12/2021

ATTENTION:

Gary Longbottom of 27 Whitehaven Way, Pelican Waters

TRUSTEE ACCEPTANCE:

The Trustee has received your Binding Death Benefit Nomination prepared in accordance with the Trust Deed of the Fund. A review has been undertaken in relation to the request with advice sought from the Fund's SMSF adviser.

Following this advice, the Trustee has resolved to accept your Binding Death Benefit Nomination. Notwithstanding the provisions of the Binding Death Benefit Nomination, the Trustee reserves the right at the time of death to assess the cash flow requirements that may be faced by the Fund as a consequence of any death benefits becoming payable. If the Trustee, on the advice of a SMSF adviser or the Fund's auditor, is of the view that the payment of any binding death benefit payout may render the Fund insolvent the Trustee may take appropriate action to adjust the payment of your superannuation benefits.

The Binding Death Benefit Nomination shall remain valid unless revoked or varied by Gary Longbottom.

If you wish to amend your Binding Death Benefit Nomination, please provide the Trustee with details of the amendment as soon as possible and ensure that any amendment is prepared in accordance with the Trust Deed of the Fund.

Signed by:

The Trustee

Executed by TOYE PTY LTD - ACN 605 119 186 by:


Garry Longbottom
Director


Christine
Longbottom
Director

Director resolution

By

TOYE PTY LTD - ACN 605 119 186 (the 'Trustee')

Binding death benefit nomination

- 1 The Company is the trustee of GCL Super Fund (Fund).
- 2 A completed binding death benefit nomination from Gary Longbottom and Christine Longbottom in relation to the Fund has been provided to the Company.

Resolution

- 3 To permit members of the Fund to provide the Company with binding death benefit nominations in respect of their benefits in the Fund.
- 4 The Company acknowledges the binding death benefit nomination is binding on it pursuant to the trust deed for the Fund.
- 5 To accept the nomination effective immediately.

The Directors

Signed by Gary Longbottom and Christine Longbottom:



Gary Longbottom
Director

Dated: 6-12-2021



Christine
Longbottom
Director

Dated: 6-12-2021