

BINDING DEATH BENEFIT NOMINATION

Of

JOANNE RUTH WALLIS

made by

Feeney Family Law

Suite 1a

19 Lang Parade

MILTON QLD 4064

23 July 2015

BINDING DEATH BENEFIT NOMINATION**Nomination made by:**

JOANNE RUTH WALLIS of 80 Leonardis Road, Bundaberg in the State of Queensland.

Nomination made to:

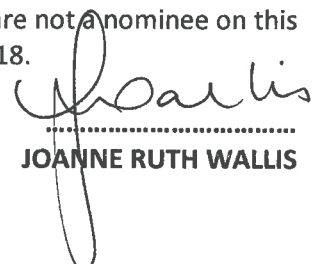
ANDREW WALLIS and **JOANNE RUTH WALLIS** of 80 Leonardis Road, Bundaberg, Queensland ('the Trustee') as trustees of the **WALLIS SUPERANNUATION FUND** ('the Fund').

The Fund is a self managed superannuation fund as defined in the *Superannuation Industry (Supervision) Industry Act 1993* (Cth) ('the SIS Act').

Binding Death Benefit Nomination:

Pursuant to the SIS Act and the *Superannuation Industry (Supervision) Regulations 1994* (Cth) ('the SIS Regulations') and the Fund Deed for dealing with my superannuation interest, I, **JOANNE RUTH WALLIS** wish to make a binding death benefit nomination as follows:

1. In the event of my death, I hereby direct the Trustee to pay one hundred percent (100%) of any death benefit payable including any insurance policy payouts which happen to be obtained by the Trustee of the Fund in respect of my membership of the Fund, to **ANDREW WALLIS** of 80 Leonardis Road, Bundaberg in the State of Queensland if he survives me by thirty (30) days.
2. If **ANDREW WALLIS** does not survive me by thirty (30) days, I hereby direct the Trustee to pay one hundred percent (100%) of any death benefit payable including any insurance policy payouts which happen to be obtained by the Trustee of the Fund in respect of my membership of the Fund, to **JESSICA MAE WALLIS** of Unit 3, 14 Dudley Street, Fairfield in the State of Queensland, **ASHLEE JOY WALLIS** of 30 Elanora Avenue, Mooloolabah in the said State and **JAMES ROBERT WALLIS** of 14 Quantock Court, Rochedale South in the said state as survive me by thirty (30) days and if more than one equally.
3. I acknowledge that this Nomination is made in accordance with the Commissioner's view set out in SMSFD 2008/3 that the statutory requirements in subsection 59(1A) of the SIS Act and regulation 6.17A of the SIS Regulation have no application to self managed superannuation funds.
4. I acknowledge that the requirements in the *Superannuation Industry (Supervision) Regulations 1994* (Cth) have been satisfied.
5. I acknowledge that each of the persons mentioned in this Nomination is my dependant and/or my legal personal representative.
6. I acknowledge that this Nomination is intended to be effective until and unless the nomination is later revoked by me.
7. I have signed this Nomination in the presence of two witnesses (who are not a nominee on this Binding Death Benefit Nomination) both of whom are over the age of 18.


.....
JOANNE RUTH WALLIS

Witness Declarations

Declaration of witness 1:

I, (print name of witness 1) PETER STANLEY DUELL

Of (print address) LEVEL 4, 33 QUEEN STREET, BRISBANE, Q. 4000

declare that:

- 1. I am a person over 18 years;
- 2. I am not a person mentioned in this Binding Death Benefit Nomination; and
- 3. **JOANNE RUTH WALLIS** signed this Binding Death Benefit Nomination in my presence and in the presence of the other witness.



Signature

Date: 23/7/2015

Declaration of witness 2:

I, (print name of witness 2) Ellie Louise Prior

Of (print address) Level 4, 33 Queen Street, Brisbane,
QLD 4000

declare that:

- 1. I am a person over 18 years;
- 2. I am not a person mentioned in this Binding Death Benefit Nomination; and
- 3. **JOANNE RUTH WALLIS** signed this Binding Death Benefit Nomination in my presence and in the presence of the other witness.



Signature of witness 2

Date: 23/07/2015

BINDING DEATH BENEFIT NOMINATION

Of

ANDREW WALLIS

made by

Feeney Family Law

Suite 1a

19 Lang Parade

MILTON QLD 4064

23 July 2015

BINDING DEATH BENEFIT NOMINATION**Nomination made by:**

ANDREW WALLIS of 80 Leonardis Road, Bundaberg in the State of Queensland.

Nomination made to:

ANDREW WALLIS and **JOANNE RUTH WALLIS** of 80 Leonardis Road, Bundaberg, Queensland ('the Trustee') as trustees of the **WALLIS SUPERANNUATION FUND** ('the Fund').

The Fund is a self managed superannuation fund as defined in the *Superannuation Industry (Supervision) Industry Act 1993* (Cth) ('the SIS Act').

Binding Death Benefit Nomination:

Pursuant to the SIS Act and the *Superannuation Industry (Supervision) Regulations 1994* (Cth) ('the SIS Regulations') and the Fund Deed for dealing with my superannuation interest, I, **ANDREW WALLIS** wish to make a binding death benefit nomination as follows:

1. In the event of my death, I hereby direct the Trustee to pay one hundred percent (100%) of any death benefit payable including any insurance policy payouts which happen to be obtained by the Trustee of the Fund in respect of my membership of the Fund, to **JOANNE RUTH WALLIS** of 80 Leonardis Road, Bundaberg in the State of Queensland if she survives me by thirty (30) days.
2. If **JOANNE RUTH WALLIS** does not survive me by thirty (30) days, I hereby direct the Trustee to pay one hundred percent (100%) of any death benefit payable including any insurance policy payouts which happen to be obtained by the Trustee of the Fund in respect of my membership of the Fund, to **JESSICA MAE WALLIS** of Unit 3, 14 Dudley Street, Fairfield in the State of Queensland, **ASHLEE JOY WALLIS** of 30 Elanora Avenue, Mooloolabah in the said State and **JAMES ROBERT WALLIS** of 14 Quantock Court, Rochedale South in the said state as survive me by thirty (30) days and if more than one equally.
3. I acknowledge that this Nomination is made in accordance with the Commissioner's view set out in SMSFD 2008/3 that the statutory requirements in subsection 59(1A) of the SIS Act and regulation 6.17A of the SIS Regulation have no application to self managed superannuation funds.
4. I acknowledge that the requirements in the *Superannuation Industry (Supervision) Regulations 1994* (Cth) have been satisfied.
5. I acknowledge that each of the persons mentioned in this Nomination is my dependant and/or my legal personal representative.
6. I acknowledge that this Nomination is intended to be effective until and unless the nomination is later revoked by me.
7. I have signed this Nomination in the presence of two witnesses (who are not a nominee on this Binding Death Benefit Nomination) both of whom are over the age of 18.



.....
ANDREW WALLIS

Witness Declarations

Declaration of witness 1:

I, (print name of witness 1) PETER STANLEY DUELLOf (print address) LEVEL 4, 33 QUEEN STREET, BRISBANE, Q. 4000

declare that:

1. I am a person over 18 years;
2. I am not a person mentioned in this Binding Death Benefit Nomination; and
3. **ANDREW WALLIS** signed this Binding Death Benefit Nomination in my presence and in the presence of the other witness.



Signature

Date: 23/7/2015

Declaration of witness 2:

I, (print name of witness 2) Ellie Louise Priorof (print address) L4, 33 Queen Street, Brisbane

declare that:

1. I am a person over 18 years;
2. I am not a person mentioned in this Binding Death Benefit Nomination; and
3. **ANDREW WALLIS** signed this Binding Death Benefit Nomination in my presence and in the presence of the other witness.



Signature of witness 2

Date: 23/07/15