

Death Benefit Nomination

This document is a pro forma document only. Professional advice should be obtained before signing this document.

Name of Fund: KMKM SUPER FUND
Member Name: JULIAN RICHARD HILL
Address: 1611 RIVERSIDE ROAD, EAST FREMANTLE
Date of Birth: 11/12/67

I, the Member named above, direct the Trustee of the Fund to pay any benefit in respect of my membership of the Fund following my death ("Benefit") in accordance with this Nomination.

1.Revocation

I revoke any previous binding or non-binding nominations.

2.Binding or Non-Binding (Please mark the applicable box)

2.1 Binding

This Nomination is binding on the Trustee and unless amended or revoked in accordance with the Trust Deed, this Nomination does not lapse.

OR

2.2 Non-binding

This Nomination is not to be binding on the Trustee and the Trustee is under no obligation to comply with it, but may, in exercising its discretion, take into account this Nomination.

3.Nominee(s)

Name of nominee beneficiaries OR if nominating the Legal Personal Representative, specify "Legal Personal Representative of my deceased estate"	Relationship (Specify: spouse, child, interdependency relationship or financially dependant)	DOB (Not applicable if nominating Legal Personal Rep.)	Amount of Benefit (% or \$ or remainder of Benefit)	Manner of Payment: Lump Sum or Pension* (Optional)
EXECUTOR/LEGAL PERSONAL REPRESENTATIVE OF MY DECEASED ESTATE				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)

*If no manner of payment is specified, the Trustees of the Fund have the discretion to pay my Benefit as one or more lump sums or as a pension.

4.Redistribution (Please mark the applicable box)

Not Applicable

OR

If any person nominated above dies before me, I direct the Trustee to distribute the Amount allocated to that person as follows:

Name of nominee beneficiaries	Relationship (Specify: spouse, child, interdependency relationship or financially dependant)	DOB	Amount of Benefit (% or \$ or remainder of Benefit)	Manner of Payment: Lump Sum or Pension* (Optional)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)

**If no manner of payment is specified, the Trustees of the Fund have the discretion to pay my Benefit as one or more lump sums or as a pension.*

5.Remainder of Benefit


To the extent this Nomination does not deal with 100% of my Benefit, the Trustee may, in its discretion, treat any amount not so dealt with in accordance with the Trust Deed.

6.Reversionary Pension

This Nomination does not alter any reversionary pensioner’s entitlement.

7.Acknowledgement


I acknowledge that the nominees are my dependants for the purposes of the *Superannuation Industry (Supervision) Act 1993*, being a spouse, child, person who is financially dependent on me, or a person with whom I am in an interdependence relationship, or the legal personal representative of my deceased estate.

Signature of Member: 

Date: 30/8/18

Witnesses

We declare that
-this Nomination was signed by the Member in our presence;
-we are aged 18 or more; and
-we are not nominated as beneficiaries.

Signature of Witness: 

Date: 30th August 2018

Print Name of Witness: DARREN CORRIE

Occupation: ACCOUNTANT

Signature of Witness: 

Date: 30th August 2018

Print Name of Witness: T. OVERWOOD

Occupation: ACCOUNTANT

Additional Information

If you decide to give a binding or non-binding direction by completing this Nomination, it is important for you to note the following:

1. You can only direct the Trustee to pay the benefit either to your Legal Personal Representative, (that is, to the executor of your will or the administrator granted letters of administration of your estate if you do not leave a will) or to the dependants that you specify in this Nomination.
2. If, on this Nomination, you direct the Trustee to pay any part of your death benefit to a person who is not a dependant (as described below), or your estate, your direction will be void and of no effect and the Trustee will be required to decide to whom to pay your death benefit.
3. For the purposes of the Superannuation Industry (Supervision) Act 1993 (Cth), a dependant is:
 - a spouse of a Member
 - any children of a Member
 - any other person (whether related to the Member or not) with whom the Member has an interdependency relationship.

"Spouse" of a person includes:

- (a) another person (whether of the same sex or a different sex) with whom the person is in a relationship that is registered under a law of a State or Territory prescribed for the purposes of section 2E of the *Acts Interpretation Act 1901* as a kind of relationship prescribed for the purposes of that section; and
- (b) another person who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple.

Two persons (whether or not related by family) have an "interdependency relationship" if:

- (a) they have a close personal relationship;
- (b) they live together;
- (c) one or each of them provides the other with financial support; and
- (d) one or each of them provides the other with domestic support and personal care.

If two persons (whether or not related) have a close relationship, but do not satisfy these requirements because either or both of them suffer from a physical, intellectual or psychiatric disability, they are considered to have an interdependency relationship.

The following matters are to be taken into account when determining whether two people have an interdependency relationship, or had an interdependency relationship immediately before death:

- (a) all of the circumstances of the relationship between the persons, including (where relevant):
 - (i) the duration of the relationship
 - (ii) whether or not a sexual relationship exists
 - (iii) the ownership, use and acquisition of property
 - (iv) the degree of mutual commitment to a shared life
 - (v) the care and support of children
 - (vi) the reputation and public aspects of the relationship
 - (vii) the degree of emotional support
 - (viii) the extent to which the relationship is one of mere convenience, and
 - (ix) any evidence suggesting that the parties intend the relationship to be permanent
- (b) the existence of a statutory declaration signed by one of the persons to the effect that the person is, or (in the case of a statutory declaration made after the end of the relationship) was, in an interdependency relationship with the other person.

Each one of the above need not be met and the extent to which any one matter exists or does not exist does not necessarily of itself confirm or exclude an interdependency relationship.

If you have any doubt as to whether a person you wish to nominate to receive any part of your death benefit is a dependant, you should seek professional advice before completing a Nomination.

4. A nomination requiring a benefit to be paid to your spouse will be revoked if proceedings have commenced under the Family Law Act 1975 (Cth) or similar laws seeking a dissolution of a relationship (including, but not limited to a marriage) between you and your spouse, or if proceedings have been instituted for Orders concerning property following separation from your spouse.

KLG . Returned to
CARTERWOODS .

Death Benefit Nomination

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Name of Fund: **KMKM SUPER FUND**

Member Name: **KAREN LESLEY GARDNER**

Address: **16/1 RIVERSIDE RD , EAST FREMANTLE**

Date of Birth: **20/6/1969**

I, the Member named above, direct the Trustee of the Fund to pay any benefit in respect of my membership of the Fund following my death ("Benefit") in accordance with this Nomination.

1.Revocation

I revoke any previous binding or non-binding nominations.

2.Binding or Non-Binding (Please mark the applicable box)

2.1 Binding

This Nomination is binding on the Trustee and unless amended or revoked in accordance with the Trust Deed, this Nomination does not lapse.

OR

2.2 Non-binding

This Nomination is not to be binding on the Trustee and the Trustee is under no obligation to comply with it, but may, in exercising its discretion, take into account this Nomination.

3.Nominee(s)

Name of nominee beneficiaries OR if nominating the Legal Personal Representative, specify "Legal Personal Representative of my deceased estate"	Relationship (Specify: spouse, child, interdependency relationship or financially dependant)	DOB (Not applicable if nominating Legal Personal Rep.)	Amount of Benefit (% or \$ or remainder of Benefit)	Manner of Payment: Lump Sum or Pension* (Optional)
LEGAL PERSONAL REPRESENTATIVE OF				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
MY DECEASED ESTATE				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)

*If no manner of payment is specified, the Trustees of the Fund have the discretion to pay my Benefit as one or more lump sums or as a pension.

4.Redistribution (Please mark the applicable box)

Not Applicable

OR

If any person nominated above dies before me, I direct the Trustee to distribute the Amount allocated to that person as follows:

Name of nominee beneficiaries	Relationship (Specify: spouse, child, interdependency relationship or financially dependant)	DOB	Amount of Benefit (% or \$ or remainder of Benefit)	Manner of Payment: Lump Sum or Pension* (Optional)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
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**If no manner of payment is specified, the Trustees of the Fund have the discretion to pay my Benefit as one or more lump sums or as a pension.*

5.Remainder of Benefit

To the extent this Nomination does not deal with 100% of my Benefit, the Trustee may, in its discretion, treat any amount not so dealt with in accordance with the Trust Deed.

6.Reversionary Pension

This Nomination does not alter any reversionary pensioner's entitlement.

7.Acknowledgement

I acknowledge that the nominees are my dependants for the purposes of the *Superannuation Industry (Supervision) Act 1993*, being a spouse, child, person who is financially dependent on me, or a person with whom I am in an interdependence relationship, or the legal personal representative of my deceased estate.


Signature of Member: 

Date: 30/8/18 .

Witnesses

We declare that:

- this Nomination was signed by the Member in our presence;
- we are aged 18 or more; and
- we are not nominated as beneficiaries.

Signature of Witness: 

Date: 30th August 2018

Print Name of Witness: DARREN RECTOR

Occupation: ACCOUNTANT.

Signature of Witness: 

Date: 30th August 2018

Print Name of Witness: T. OVERWOOD

Occupation: ACCOUNTANT.

Additional Information

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