

BINDING DEATH BENEFIT NOMINATION FORM

Brenda and Tracy Superannuation Fund

To: The Trustee of the Brenda and Tracy Superannuation Fund

I, **Brenda Melisande Dolieslager**, of 31 Stanger St, Yarraville, VIC 3013:

- 1 revoke all former binding death benefit nominations I have made (if any) in respect of my membership in the Fund and declare this to be my last binding death benefit notice; and
- 2 nominate the following persons to receive all benefits payable in respect of my membership in the Fund on or after my death:

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*
JONES	TRACY	DOMESTIC PARTNER	100%	Lump Sum.


If any person nominated in the above table should predecease me, then I direct the Trustees of the Fund to distribute the benefits allocated to that person equally among the remaining nominated persons. If there are no remaining nominated persons at the time of my death, I direct that the Trustees pay my superannuation benefits to the following persons or, if there are no persons nominated in the below table, to my legal personal representative.

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*

* If no Manner of Payment is specified, the Trustees of the Fund will have the discretion to pay the death benefits as one or more lump sums or as a pension.

- 3 I acknowledge that the nominated persons are:
 - (a) my dependants for the purposes of superannuation law being:
 - (i) a spouse
 - (ii) a child;
 - (iii) a person who is financially dependent on me; or
 - (iv) a person with whom I am in an interdependency relationship; or
 - (b) my legal personal representative.

Dated: 28 / 7 / 2015


Brenda Melisande Dolieslager

Witness declaration

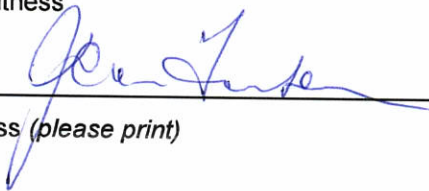
First witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Brenda Melisande Dolieslager in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 28 / 7 / 15

Signature of witness



Name of witness (please print)

JEAN FORSTER
Suite 305, 7 Jeffcott St
West Melbourne VIC 3003

An Australian Legal Practitioner within the
meaning of the Legal Profession Uniform Law (Victoria)

Address of witness (please print)

Second witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Brenda Melisande Dolieslager in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 28 / 7 / 15



Signature of witness

BRITTANY MYERS.

Name of witness (please print)

SUITE 305, 7 JEFFCOTT STREET, WEST MELBOURNE VIC 3003

Address of witness (please print)

Important notice

You should seek legal advice if your personal or financial circumstances change or if you wish to amend or revoke your existing binding death benefit nomination. You should regularly review your binding death benefit nomination to ensure it still matches your circumstances

If you wish to amend or revoke your binding death benefit nomination, the Trustees of the Fund can provide you with a form on request. The form should be witnessed by two people 18 years or over who are not named in the original binding nomination or the subsequent amendment or revocation.

We recommend the date the member signs the form should also be the date the witnesses sign the declaration to ensure the binding death benefit nomination is not challenged.

BINDING DEATH BENEFIT NOMINATION FORM

Brenda and Tracy Superannuation Fund

To: The Trustee of the Brenda and Tracy Superannuation Fund

I, **Tracy Jones**, of 31 Stanger St, Yarraville, VIC 3013:

- 1 revoke all former binding death benefit nominations I have made (if any) in respect of my membership in the Fund and declare this to be my last binding death benefit notice; and
- 2 nominate the following persons to receive all benefits payable in respect of my membership in the Fund on or after my death:

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*
DOLIESLAGER	BRENDA	DOMESTIC PARTNER	100%	Lump Sum.

If any person nominated in the above table should predecease me, then I direct the Trustees of the Fund to distribute the benefits allocated to that person equally among the remaining nominated persons. If there are no remaining nominated persons at the time of my death, I direct that the Trustees pay my superannuation benefits to the following persons or, if there are no persons nominated in the below table, to my legal personal representative.

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*

* If no Manner of Payment is specified, the Trustees of the Fund will have the discretion to pay the death benefits as one or more lump sums or as a pension.

- 3 I acknowledge that the nominated persons are:
 - (a) my dependants for the purposes of superannuation law being:
 - (i) a spouse
 - (ii) a child;
 - (iii) a person who is financially dependent on me; or
 - (iv) a person with whom I am in an interdependency relationship; or
 - (b) my legal personal representative.

Dated: 28 / 7 / 15

Tracy Jones


Witness declaration

First witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Tracy Jones in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 28 / 7 / 2015



Signature of witness

BRITTANY MYERS

Name of witness (please print)

SUITE 305, 7 JEFFCOTT STREET, WEST MELBOURNE, VIC 3003

Address of witness (please print)

Second witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Tracy Jones in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 28 / 7 / 15

Signature of witness



Name of witness (please print)

JEAN FORSTER
Suite 305, 7 Jeffcott St
West Melbourne VIC 3003
An Australian Legal Practitioner within the
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