

TOVEPRONE PTY LIMITED SUPERANNUATION FUND
BINDING DEATH BENEFIT NOMINATION [Clause 43-2(e)]
REVERSIONARY BENEFICIARY NOMINATION - MEMBER DETAILS

Surname: Smith
Given Names: Sarah Faith
Residential Address: 32 Crowther Avenue Greenwich NSW 2065
Date of Birth: 29/05/1945
Gender: MALE ☐ FEMALE ☒

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary
(who must be a Dependant'): ROSS CYRIL SMITH
Relationship to Member: SPOUSE
Date of birth: 17-1-44
Address of Reversionary Beneficiary: 32 CROWTHER AVENUE

¹A dependant means:

- your spouse (including an opposite or same-sex de facto partner)
- your children (including children over 18, step-children, adopted children, ex-nuptial children, children of a same-sex relationship, children of an opposite or same-sex de facto partner, IVF children and children born under certain surrogacy arrangements)
- anyone financially dependent on you; and
- anyone who, in the opinion of the Trustee, is in an "interdependency relationship" with you. "Interdependency relationship" describes a close personal relationship between two people who live together, where one or both of them provide the other with financial support and domestic support and personal care (or are prevented from living together and providing mutual financial support, domestic support and personal care because one or both suffers from a physical, intellectual, psychiatric or other disability).

Your reversionary beneficiary must be a dependant at the time you nominate them and at the time of your death for the reversion to be valid. Additionally, in the case of a child over 18 years, your pension(s) can only revert if at the time of your death the child is financially dependent on you and not yet 25, or if the child suffers a disability (as defined in legislation). If your pension(s) does revert to a child, it must be paid as a lump sum when the child reaches age 25, unless the child suffers a disability.

Member's Declaration

I apply to the Trustee and request the Trustee change the terms and conditions of my pension(s) to add the person I have nominated on this form as my reversionary beneficiary. I understand that this application is subject to acceptance by the Trustee.

Member's Signature [Signature] Date: 13.9.2012

We the Witnesses confirm and declare that the member signed this nomination in our presence.

Independent Witness (1) [Signature]
(over 18 Years)

Witness Name: JOY McPHERSON

Independent Witness (2) [Signature]
(over 18 Years)

Witness Name: PENELOPE CRYSTAL

TOVEPRONE PTY LIMITED SUPERANNUATION FUND
BINDING DEATH BENEFIT NOMINATION [Clause 43-2(e)]
REVERSIONARY BENEFICIARY NOMINATION - MEMBER DETAILS

Surname: Smith
Given Names: Ross Cyril
Residential Address: 32 Crowther Avenue Greenwich NSW 2065
Date of Birth: 17/01/1944
Gender: MALE ☒ FEMALE ☐

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary
(who must be a Dependant'): SARAH FAITH SMITH
Relationship to Member: WIFE
Date of birth: 25/9/1945
Address of Reversionary Beneficiary: 32 CROWTHER AVE GREENWICH

¹A dependant means:

- your spouse (including an opposite or same-sex de facto partner)
- your children (including children over 18, step-children, adopted children, ex-nuptial children, children of a same-sex relationship, children of an opposite or same-sex de facto partner, IVF children and children born under certain surrogacy arrangements)
- anyone financially dependent on you; and
- anyone who, in the opinion of the Trustee, is in an "interdependency relationship" with you. "Interdependency relationship" describes a close personal relationship between two people who live together, where one or both of them provide the other with financial support and domestic support and personal care (or are prevented from living together and providing mutual financial support, domestic support and personal care because one or both suffers from a physical, intellectual, psychiatric or other disability).

Your reversionary beneficiary must be a dependant at the time you nominate them and at the time of your death for the reversion to be valid. Additionally, in the case of a child over 18 years, your pension(s) can only revert if at the time of your death the child is financially dependent on you and not yet 25, or if the child suffers a disability (as defined in legislation). If your pension(s) does revert to a child, it must be paid as a lump sum when the child reaches age 25, unless the child suffers a disability.

Member's Declaration

I apply to the Trustee and request the Trustee change the terms and conditions of my pension(s) to add the person I have nominated on this form as my reversionary beneficiary. I understand that this application is subject to acceptance by the Trustee.

Member's Signature [Signature] Date: 14/4/12

We the Witnesses confirm and declare that the member signed this nomination in our presence.

Independent Witness (1) [Signature] Witness Name: JOY McPHERSON
(over 18 Years)

Independent Witness (2) [Signature] Witness Name: PENELOPE CLARKE
(over 18 Years)

**SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: Toveprone Pty Limited ACN 003 770 152 (The Trustee)

I, Sarah Faith Smith

of 32 Crowther Avenue Greenwich NSW 2065

being a member of the above superannuation fund hereby nominate the person(s) listed below as may Nominated Dependants to whom any Benefits to which I am entitled as at my death must be paid:

NAME AND ADDRESS OF DEPENDANT(S)	RELATIONSHIP	BENEFIT (Amount or percentage of total Benefit)
ROSS CYRIL SMITH	Husband	100%

I understand that this nomination expires when revoked or amended by me.

SIGNED: *Sarah Faith Smith* DATED: 5.6.07

WITNESS DECLARATION

I hereby declare that:

1. I have not been nominated as a Beneficiary pursuant to this instrument.
2. This instrument was executed in my presence.

Name of witness: MICHAEL BRANLEY

SIGNED: *Michael Branley* DATED: 5.6.07

WITNESS DECLARATION

I hereby declare that:

1. I have not been nominated as a Beneficiary pursuant to this instrument.
2. This instrument was executed in my presence.

Name of witness: ACEY ENRIQUEZ

SIGNED: *Acy Enriquez* DATED: 5.6.07

DIRECTION TO TRUSTEE
NON-BINDING DEATH NOMINATION

TO: The Trustee
of the **TOVEPRONE PTY LTD SUPERANNUATION FUND**

I, *Penny Alexandra Smith*
of **32 Crowther Avenue GREENWICH NSW 2065**

being a member of the Fund, hereby direct the Trustee for the time being of the Fund, that where the Trustee has a discretion under the Deed Poll governing the Fund as to the persons to or in whose favour any benefit may be paid or applied, it is my wish that any such benefit be paid to the person(s) and in the proportions indicated below:

Name of Nominated Beneficiary	Relationship to me	Proportion of Benefit
<i>Alister Smith</i>	<i>Sister</i>	<i>50%</i>
<i>Philippe Smith</i>	<i>sister</i>	<i>50%</i>

Dated *30.01.04*

Signed *Penny Smith*

DIRECTION TO TRUSTEE

NON-BINDING DEATH NOMINATION

TO: The Trustee
of the **TOVEPRONE PTY LTD SUPERANNUATION FUND**

I, *Sarah F. Smith*

of **32 Crowther Avenue GREENWICH NSW 2065**

being a member of the Fund, hereby direct the Trustee for the time being of the Fund, that where the Trustee has a discretion under the Deed Poll governing the Fund as to the persons to or in whose favour any benefit may be paid or applied, it is my wish that any such benefit be paid to the person(s) and in the proportions indicated below:

Name of Nominated Beneficiary	Relationship to me	Proportion of Benefit
<i>Ross Cyril Smith</i>	<i>Husband</i>	<i>85% 85%</i>
<i>Penny Alexandra Smith</i>	<i>daughter</i>	<i>5%</i>
<i>Alissa Louise Smith</i>	<i>daughter</i>	<i>5%</i>
<i>Philippa Claire Smith</i>	<i>daughter</i>	<i>5%</i>

Dated *12.1.04*
12-1-04

Signed *SF Smith*
SF Smith

DIRECTION TO TRUSTEE

NON-BINDING DEATH NOMINATION

TO: The Trustee
of the **TOVEPRONE PTY LTD SUPERANNUATION FUND**

I, *Ron C. Smith*

of **32 Crowther Avenue GREENWICH NSW 2065**

being a member of the Fund, hereby direct the Trustee for the time being of the Fund, that where the Trustee has a discretion under the Deed Poll governing the Fund as to the persons to or in whose favour any benefit may be paid or applied, it is my wish that any such benefit be paid to the person(s) and in the proportions indicated below:

Name of Nominated Beneficiary	Relationship to me	Proportion of Benefit
<i>Leszek F Smith</i>	<i>Spouse</i>	<i>85%</i>
<i>Penny Alexandra Smith</i>	<i>Daughter</i>	<i>5%</i>
<i>Alissa Laurie Smith</i>	<i>Daughter</i>	<i>5%</i>
<i>Philippa Claire Smith</i>	<i>Daughter</i>	<i>5%</i>

Dated *12/1/04*

Signed *[Signature]*