

ZUBE SUPERANNUATION FUND

**Member Notice - Binding Death Benefit Nomination for
ROBERT GEORGE ZUBESHAW**

With regard to your intention to make a Binding Death Benefit Nomination (BDBN), the Trustee of Zube Superannuation Fund (the Fund) is obliged under Fund's Trust Deed and governing rules, to bring to your attention certain matters before it can accept your BDBN.

For your BDBN to be accepted it must:

- i. Be in writing;
- ii. Be signed and dated by you in the presence of 2 witnesses each of whom has reached 18 years of age and neither of whom are noted as your beneficiary/s;

*Please ensure that your nomination is signed by yourself and your witnesses using **BLACK** ink. Please use the same pen.*
- iii. Contain a declaration signed and dated by each witness stating that the BDBN was signed by you in their presence;
- iv. Be considered in a meeting and accepted by the Trustee;
- v. Contain sufficient details to identify you;
- vi. Contain sufficient details to identify each of your nominated beneficiary/s, your relationship to each of your beneficiary/s and the percentage of death benefit, which once selected, will be binding on the Trustee with respect to your death benefit from the Fund; and
- vii. Contain all of the information required by the Superannuation Industry (Supervision) Act 1993 and the Regulations.

Your BDBN will have an indefinite term, unless revoked or amended in writing by you.

It is possible to confirm, amend or revoke your nomination at any time. Any previous nominations are automatically revoked upon the Trustee's acceptance of your new nomination.

You must be made aware that the Trustee cannot alter a properly made BDBN, regardless of the consequences or circumstances which might arise. Therefore you should give careful consideration to your nomination to ensure that your intentions are clearly and legally binding and executable.

Before you submit your request, the Trustee advises you to seek further professional advice in this matter from a duly qualified professional such as your Accountant, Financial Planner, Lawyer or Advisor or go to www.ato.gov.au/ (Superannuation Industry (Supervision) Regulations 1994 Vol 11 and 21; Statutory Rules 1994 No 57 as amended). You should do this in order to gain a fuller understanding of the manner and consequences of your nomination.

Please contact the Trustee if you require a copy of the Fund's Trust Deed and governing rules.

x 

Robert George Zubeshaw
Director of
Orchard Road (QLD.) Pty Ltd

Dated: 27/12/16

x 

Asmira Zubeshaw
Director of
Orchard Road (QLD.) Pty Ltd

Dated: 27/12/16

ZUBE SUPERANNUATION FUND
ABN: 52 931 190 315
Binding Death Benefit Nomination Form

Complete this form to make or update a Binding Death Benefit Nomination
 This form must be witnessed by two individuals who are at least 18 years old and are not noted as your beneficiary/ies.
 Please ensure that your nomination is signed by yourself and your witnesses using BLACK ink.
 Please use the same pen.

Member Details

I, **Robert George Zubeshaw**
 Of: **58 Panorama Place MOUNT GRAVATT EAST QLD 4122**
 Date of Birth: **10 June 1960**

Wish to make a Binding Death Benefit Nomination as follows:

In the event of my death, I hereby direct the Trustee to pay one hundred per cent (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 my spouse Asmira Zubeshaw of 58 Panorama Place MOUNT GRAVATT EAST QLD 4122, provided she survives me by thirty (30) days.

If Asmira Zubeshaw does not survive me by thirty (30) days, I hereby direct the Trustee to pay one hundred per cent (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 the following beneficiaries:

Full Name of Beneficiary/ies	Date of Birth	Relationship	% of Benefit
BENJAMIN ISAK ZUBESHAW	24/6/11	SON	25%
LAILA EUME ZUBESHAW	24/6/11	DAUGHTER	25%
SHAFIA AMELLE ZUBESHAW	01/08/14	DAUGHTER	25%
AIDEN JASPER ZUBESHAW	27/7/16	SON	25%

Member Declaration and Independent Witnesses

I acknowledge:

- The Trustee has provided me with sufficient information to enable me to understand my rights so as to direct the Trustee to pay my death benefit in accordance with this nomination;
- This nomination revokes and amends any previous nomination supplied by me to the Trustee of the Fund and I understand that I am not required to make a binding nomination;
- This Binding Death Benefit Nomination will have an indefinite term, unless revoked or amended by me;
- I have the right to amend or revoke my nomination at any time and this binding nomination will take effect upon my death as long as the nomination has been completed in accordance with relevant superannuation law requirements;
- The beneficiaries I have nominated are my dependents or my legal representatives. If these beneficiaries do not meet this status at the time of my death, this notice may be rendered invalid and the Trustee will have discretion as to whom and in what proportions my death benefit is paid; and
- If this nomination is not current or is invalid at this time of my death, the Trustee will pay out my death benefit solely at their discretion.

X  27.12.16
 Robert George Zubeshaw Date

Please ensure that your nomination is signed by yourself and your witnesses using BLACK ink. Please use the same pen.

<p>I, <u>Peter West</u>, (Full name of Witness) hereby confirm this binding death benefit nomination was signed and dated in my presence. Furthermore, I confirm that I am at least 18 years of age, and I am not nominated as one of the beneficiaries in this form. <u>P.S. West</u> <u>27, 12, 16.</u> Signature of Witness Date <u>26, 01, 68</u> Date of Birth</p>	<p>I, <u>Nicole West</u>, (Full name of Witness) hereby confirm this binding death benefit nomination was signed and dated in my presence. Furthermore, I confirm that I am at least 18 years of age, and I am not nominated as one of the beneficiaries in this form. <u>N West</u> <u>27, 12, 16.</u> Signature of Witness Date <u>19, 03, 1973.</u> Date of Birth</p>
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ZUBE SUPERANNUATION FUND

**Member Notice - Binding Death Benefit Nomination for
ASMIRA ZUBESHAW**

With regard to your intention to make a Binding Death Benefit Nomination (BDBN), the Trustee of Zube Superannuation Fund (the Fund) is obliged under Fund's Trust Deed and governing rules, to bring to your attention certain matters before it can accept your BDBN.

For your BDBN to be accepted it must:

- i. Be in writing;
- ii. Be signed and dated by you in the presence of 2 witnesses each of whom has reached 18 years of age and neither of whom are noted as your beneficiary/s;

*Please ensure that your nomination is signed by yourself and your witnesses using **BLACK** ink. Please use the same pen.*
- iii. Contain a declaration signed and dated by each witness stating that the BDBN was signed by you in their presence;
- iv. Be considered in a meeting and accepted by the Trustee;
- v. Contain sufficient details to identify you;
- vi. Contain sufficient details to identify each of your nominated beneficiary/s, your relationship to each of your beneficiary/s and the percentage of death benefit, which once selected, will be binding on the Trustee with respect to your death benefit from the Fund; and
- vii. Contain all of the information required by the Superannuation Industry (Supervision) Act 1993 and the Regulations.

Your BDBN will have an indefinite term, unless revoked or amended in writing by you.

It is possible to confirm, amend or revoke your nomination at any time. Any previous nominations are automatically revoked upon the Trustee's acceptance of your new nomination.

You must be made aware that the Trustee cannot alter a properly made BDBN, regardless of the consequences or circumstances which might arise. Therefore you should give careful consideration to your nomination to ensure that your intentions are clearly and legally binding and executable.

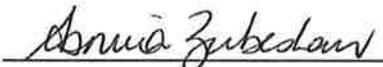
Before you submit your request, the Trustee advises you to seek further professional advice in this matter from a duly qualified professional such as your Accountant, Financial Planner, Lawyer or Advisor or go to www.ato.gov.au/ (Superannuation Industry (Supervision) Regulations 1994 Vol 11 and 21; Statutory Rules 1994 No 57 as amended). You should do this in order to gain a fuller understanding of the manner and consequences of your nomination.

Please contact the Trustee if you require a copy of the Fund's Trust Deed and governing rules.

x 

Robert George Zubeshaw
Director of
Orchard Road (QLD.) Pty Ltd

Dated: 27/12/16

x 

Asmira Zubeshaw
Director of
Orchard Road (QLD.) Pty Ltd

Dated: 27/12/16

ZUBE SUPERANNUATION FUND
ABN: 52 931 190 315
Binding Death Benefit Nomination Form

Complete this form to make or update a Binding Death Benefit Nomination
 This form must be witnessed by two individuals who are at least 18 years old and are not noted as your beneficiary/ies.
 Please ensure that your nomination is signed by yourself and your witnesses using **BLACK** ink.
 Please use the same pen.

Member Details

I, Asmira Zubeshaw
 Of: 58 Panorama Place MOUNT GRAVATT EAST QLD 4122
 Date of Birth: 28 February 1971

Wish to make a Binding Death Benefit Nomination as follows:

In the event of my death, I hereby direct the Trustee to pay one hundred per cent (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 my spouse Robert George Zubeshaw of 58 Panorama Place MOUNT GRAVATT EAST QLD 4122, provided he survives me by thirty (30) days.

If Robert George Zubeshaw does not survive me by thirty (30) days, I hereby direct the Trustee to pay one hundred per cent (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 the following beneficiaries:

Full Name of Beneficiary/ies	Date of Birth	Relationship	% of Benefit
<u>BENJAMIN ISAK ZUBESHAW</u>	<u>24/6/11</u>	<u>SON</u>	<u>25%</u>
<u>LAILA EMME ZUBESHAW</u>	<u>24/6/11</u>	<u>DAUGHTER</u>	<u>25%</u>
<u>SAFIA AMELLE ZUBESHAW</u>	<u>01/8/14</u>	<u>DAUGHTER</u>	<u>25%</u>
<u>AIDEN JASPER ZUBESHAW</u>	<u>27/7/16</u>	<u>SON</u>	<u>25%</u>

Member Declaration and Independent Witnesses

I acknowledge:

- The Trustee has provided me with sufficient information to enable me to understand my rights so as to direct the Trustee to pay my death benefit in accordance with this nomination;
- This nomination revokes and amends any previous nomination supplied by me to the Trustee of the Fund and I understand that I am not required to make a binding nomination;
- This Binding Death Benefit Nomination will have an indefinite term, unless revoked or amended by me;
- I have the right to amend or revoke my nomination at any time and this binding nomination will take effect upon my death as long as the nomination has been completed in accordance with relevant superannuation law requirements;
- The beneficiaries I have nominated are my dependents or my legal representatives. If these beneficiaries do not meet this status at the time of my death, this notice may be rendered invalid and the Trustee will have discretion as to whom and in what proportions my death benefit is paid; and
- If this nomination is not current or is invalid at this time of my death, the Trustee will pay out my death benefit solely at their discretion.

X Asmira Zubeshaw 27/12/16
 Asmira Zubeshaw Date

*Please ensure that your nomination is signed by yourself and your witnesses using **BLACK** ink. Please use the same pen.*

<p>I, <u>PETER WEST</u>, (Full name of Witness) hereby confirm this binding death benefit nomination was signed and dated in my presence. Furthermore, I confirm that I am at least 18 years of age, and I am not nominated as one of the beneficiaries in this form. <u>P.S. West</u> <u>27, 12, 16</u> Signature of Witness Date <u>26, 01, 68.</u> Date of Birth</p>	<p>I, <u>Nicole West</u>, (Full name of Witness) hereby confirm this binding death benefit nomination was signed and dated in my presence. Furthermore, I confirm that I am at least 18 years of age, and I am not nominated as one of the beneficiaries in this form. <u>Nicole West</u> <u>27, 12, 16</u> Signature of Witness Date <u>19, 03, 1973.</u> Date of Birth</p>
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**ZUBE SUPERANNUATION FUND
Minutes of Meeting of Directors
OF ORCHARD ROAD (QLD.) PTY LTD**

Held at: 58 Panorama Place
MOUNT GRAVATT EAST QLD 4122
AUSTRALIA

Held on: 27/12/16

Present: Robert George Zubeshaw (Chairperson)
Asmira Zubeshaw

The Members and individual Trustees of the Fund listed above are referred to in these minutes as "the Trustee" or "the Members" as the case may be.

Minutes: The Minutes of the previous Trustee meeting were read and confirmed.

Binding Nomination of Beneficiary/ies: The Chairperson tabled documents headed Binding Death Benefit Nomination (BDBN) Form signed by Robert George Zubeshaw and Asmira Zubeshaw.

It was **UNANIMOUSLY RESOLVED** that:

- i. the Trustee noted that prior to accepting the BDBNs, it had given Robert George Zubeshaw and Asmira Zubeshaw the information required for the purpose of understanding their rights in accordance with the obligations of the Fund's Trust Deed and governing rules;
- ii. the Trustee is satisfied that the BDBNs complies with the requirements the Fund's Trust Deed and governing rules;
- iii. the Trustee of the Fund accepts the BDBNs by Robert George Zubeshaw and Asmira Zubeshaw;
- iv. the Trustee considers (pursuant to the Fund's Trust Deed and governing rules) that the BDBNs will have an indefinite term, unless the BDBN is confirmed, amended or revoked by Robert George Zubeshaw or Asmira Zubeshaw; and
- v. the Trustee has accepted and updated it's records to reflect Robert George Zubeshaw and Asmira Zubeshaw's BDBNs.

Closure: There being no further business the meeting was declared closed.

Signed as a true and correct record

Chairperson: 

Date: 27/12/16