

**TUGNETT SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: William David Tugnett and Mary Anne Tugnett (The Trustee)
I, William David Tugnett
of 280 Hartwood Avenue Bathurst NSW 2795

being a Member/*Pensioner (*delete one) of the above superannuation fund hereby nominate the person(s) listed below **as my Nominated Beneficiaries to whom any Benefits to which I am entitled as at my death must be paid:

Beneficiary Nomination

NAME AND ADDRESS OF DEPENDANT(S)	RELATIONSHIP	BENEFIT (Amount or percentage of total Benefit)
MARY ANNE TUGNETT	WIFE	100%
_____	_____	_____
_____	_____	_____

** It is important that you only nominate people to whom superannuation law permits the trustee to pay benefits. Refer to the definition of Dependant in the trust deed. You may also nominate your legal personal representative (i.e. the executor or administrator of your estate upon your death)

Appointing Contingent Beneficiaries

NAME AND ADDRESS OF DEPENDANT(S)	RELATIONSHIP	BENEFIT (Amount or percentage of total Benefit)
ERICA SMITH, 28 BAROMBAN RD EPPING 2121	DAUGHTER	33 1/3%
MICHAEL TUGNETT, 30/6 BLOSSOM PL, QUAKERS HILL	SON	33 1/3%
STEPHANIE TUGNETT, 23/1 STIRLING ST, STH PERTH	DAUGHTER	33 1/3%

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

SIGNED: W. D. Tugnett DATED: 22/01/2018

WITNESS DECLARATION

I hereby declare that:

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

Name of witness: Annette Lefevre

SIGNED: [Signature] DATED: 22/1/18

WITNESS DECLARATION

I hereby declare that:

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

Name of witness: Jodie Ryan

SIGNED: [Signature]

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

Surname: Tugnett
Given Names: William David
Residential Address: 280 Hartwood Avenue Bathurst NSW 2795
Date of Birth: 01/03/1946
Gender: MALE FEMALE

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary (who must be a Dependant¹): MARY ANNE TUGNETT
Relationship to Member: WIFE
Date of birth: 8/12/1951
Address of Reversionary Beneficiary: 280 HARTWOOD AVE, BATHURST NSW 2795

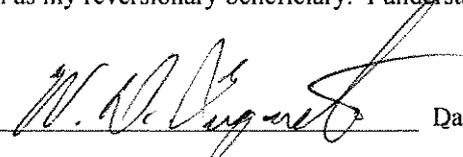
¹A dependant means:

- 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  Date: 22/01/2018.

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

Independent Witness (1) 
(over 18 Years)

Witness Name: Amette Lefevre

Independent Witness (2) 
(over 18 Years)

Witness Name: Jodie Ryan

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

Surname: Tugnett
Given Names: Mary Anne
Residential Address: 280 Hartwood Avenue Bathurst NSW 2795
Date of Birth: 08/12/1951
Gender: MALE FEMALE

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary (who must be a Dependant¹): WILLIAM DAVID TUGNETT
Relationship to Member: HUSBAND
Date of birth: 1/03/1946
Address of Reversionary Beneficiary: 280 HARTWOOD AVE, BATHURST NSW 2795.

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).

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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 M Tugnett Date: 22/1/18

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

Independent Witness (1) [Signature] Witness Name: Annette Lefevre
(over 18 Years)

Independent Witness (2) [Signature] Witness Name: Jodie Ryan
(over 18 Years)

**TUGNETT SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: William David Tugnett and Mary Anne Tugnett (The Trustee)
I, William David Tugnett
of 280 Hartwood Avenue Bathurst NSW 2795

being a Member/~~*Pensioner~~ (*delete one) of the above superannuation fund hereby nominate the person(s) listed below **as my Nominated Beneficiaries to whom any Benefits to which I am entitled as at my death must be paid:

Beneficiary Nomination

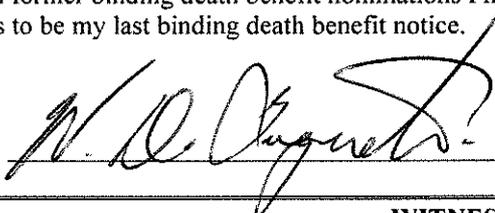
NAME AND ADDRESS OF DEPENDANT(S)	RELATIONSHIP	BENEFIT (Amount or percentage of total Benefit)
MARY ANNE TUGNETT	WIFE	100%

** It is important that you only nominate people to whom superannuation law permits the trustee to pay benefits. Refer to the definition of Dependant in the trust deed. You may also nominate your legal personal representative (i.e. the executor or administrator of your estate upon your death)

Appointing Contingent Beneficiaries

NAME AND ADDRESS OF DEPENDANT(S)	RELATIONSHIP	BENEFIT (Amount or percentage of total Benefit)
ERICA LOUISE SMITH	DAUGHTER	33 1/3 %
MICHAEL WILLIAM TUGNETT	SON	33 1/3 %
STEPHANIE KATHLEEN TUGNETT	DAUGHTER	33 1/3 %

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

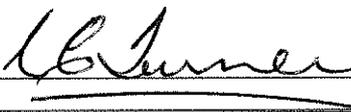
SIGNED:  DATED: 14/11/2014

WITNESS DECLARATION

I hereby declare that:

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

Name of witness: HERBERT C. TURNER

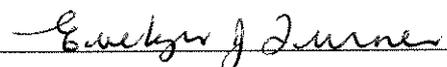
SIGNED:  DATED: 14/11/2014

WITNESS DECLARATION

I hereby declare that:

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

Name of witness: EVELYN J. TURNER

SIGNED:  DATED: 14.11.2014

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

Surname: Tugnett
Given Names: Mary Anne
Residential Address: 280 Hartwood Avenue Bathurst NSW 2795
Date of Birth: 08/12/1951
Gender: MALE FEMALE

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary (who must be a Dependant¹): William David Tugnett
Relationship to Member: Husband
Date of birth: 01/03/1946
Address of Reversionary Beneficiary: 280 Hartwood Avenue BATHURST NSW 2795

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 M Tugnett Date: 17/08/12

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

Independent Witness (1) Robert Mc Donald Witness Name: Robert Mc Donald
(over 18 Years)

Independent Witness (2) Monique Mc Donald Witness Name: Monique Mc Donald
(over 18 Years)

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

Surname: Tugnett
Given Names: William David
Residential Address: 280 Hartwood Avenue Bathurst NSW 2795
Date of Birth: 01/03/1946
Gender: MALE FEMALE

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary (who must be a Dependant¹): Mary Anne Tugnett
Relationship to Member: Wife
Date of birth: 8/12/51
Address of Reversionary Beneficiary: 280 Hartwood Ave, Bathurst NSW 2795

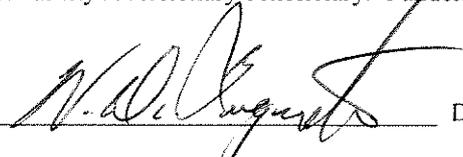
¹A dependant means:

- 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).

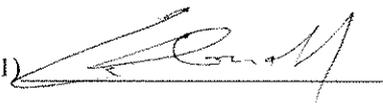
Your reversionary beneficiary must be a dependant at the time you nominate them and at the time of your death for the reversion to be valid. Additionally, in the case of a child over 18 years, your pension(s) can only revert if at the time of your death the child is financially dependent on you and not 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

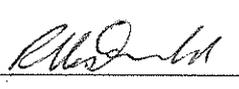
I apply to the Trustee and request the Trustee change the terms and conditions of my pension(s) to add the person I have nominated on this form as my reversionary beneficiary. I understand that this application is subject to acceptance by the Trustee.

Member's Signature  Date: 17/08/12

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

Independent Witness (1) 
(over 18 Years)

Witness Name: Monique McDonald

Independent Witness (2) 
(over 18 Years)

Witness Name: Robert McDonald

**TUGNETT SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: William David Tugnett and Mary Anne Tugnett (The Trustee)

I, William David Tugnett

of 280 Hartwood Avenue Bathurst NSW 2795

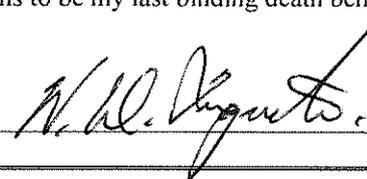
being a Member/*Pensioner (*delete one) of the above superannuation fund hereby nominate the person(s) listed below
**as my Nominated Beneficiaries to whom any Benefits to which I am entitled as at my death must be paid:

NAME AND ADDRESS OF DEPENDANT(S)	RELATIONSHIP	BENEFIT (Amount or percentage of total Benefit)
MARY ANNE TUGNETT 280 HARTWOOD AVE BATHURST NSW 2795	WIFE	100%

*** It is important that you only nominate people to whom superannuation law permits the trustee to pay benefits. Refer to the definition of Dependant in the trust deed. You may also nominate your legal personal representative (i.e. the executor or administrator of your estate upon your death)*

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

I 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.

SIGNED: 

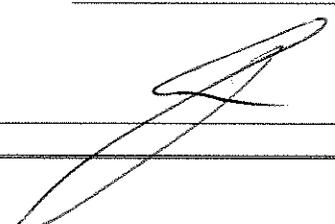
DATED: 1/06/11

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: Cumberford John

SIGNED: 

DATED: 1/6/11

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: HELEN CARVER

SIGNED: 

DATED: 1.6.11

**TUGNETT SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: William David Tugnett and Mary Anne Tugnett (The Trustee)

I, Mary Anne Tugnett

of 280 Hartwood Avenue Bathurst NSW 2795

being a Member/*Pensioner (*delete one) of the above superannuation fund hereby nominate the person(s) listed below
**as my Nominated Beneficiaries 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)
William David Tugnett 280 Hartwood Avenue BATHURST NSW 2795	HUSBAND	100%

*** It is important that you only nominate people to whom superannuation law permits the trustee to pay benefits. Refer to the definition of Dependant in the trust deed. You may also nominate your legal personal representative (i.e. the executor or administrator of your estate upon your death)*

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

I 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.

SIGNED: _____

M Tugnett

DATED: _____

01/06/2011

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: _____

HELEN CARVER

SIGNED: _____

Helen Carver

DATED: _____

1-6-11

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: _____

Cumbertord, John

SIGNED: _____

[Signature]

DATED: _____

1/6/11

**TUGNETT SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: William David Tugnett and Mary Ann Tugnett (The Trustee)

I, William David Tugnett

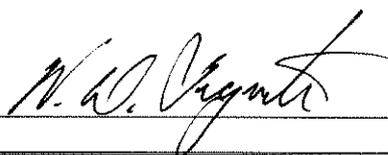
of 45 Powys Circuit Castle Hill NSW 2154

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)
MARY ANNE TUGNETT	WIFE	100%

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

SIGNED: _____



DATED: _____

22/7/2008.

WITNESS DECLARATION

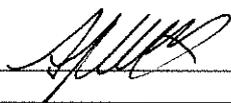
I hereby declare that:

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

Name of witness: _____

Amanda Monteith

SIGNED: _____



DATED: _____

22/7/08

WITNESS DECLARATION

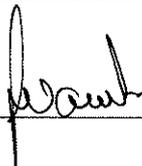
I hereby declare that:

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

Name of witness: _____

YARASIAN ANDREW WAUGH

SIGNED: _____



DATED: _____

22.07.08

**TUGNETT SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: William David Tugnett and Mary Ann Tugnett (The Trustee)

I, Mary Ann Tugnett

of 45 Powys Circuit Castle Hill NSW 2154

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)
WILLIAM DAVID TUGNETT	HUSBAND	100%

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

SIGNED: M Tugnett DATED: 28/07/08

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: Peter Molloy

SIGNED: [Signature] DATED: 28/07/08

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: FRANK DELBELLO

SIGNED: F. Delbello DATED: 28/07/08

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

Surname: Tugnett
Given Names: William David
Residential Address: 280 Hartwood Avenue Bathurst NSW 2795
Date of Birth: 01/03/1946
Gender: MALE FEMALE

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary (who must be a Dependant¹): MARY ANNE TUGNETT
Relationship to Member: WIFE
Date of birth: 8/12/1951
Address of Reversionary Beneficiary: 280 HARTWOOD AVE, BATHURST NSW 2795

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).

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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 W.D. Tugnett Date: 8/10/2015

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

Independent Witness (1) R McDonald Witness Name: ROBERT McDONALD
(over 18 Years)

Independent Witness (2) A Clout Witness Name: ADRIAN CLOUT
(over 18 Years)

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

Surname: Tugnett
Given Names: Mary Anne
Residential Address: 280 Hartwood Avenue Bathurst NSW 2795
Date of Birth: 08/12/1951
Gender: MALE FEMALE

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary (who must be a Dependant'): William David Tugnett
Relationship to Member: Husband
Date of birth: 01/03/1946
Address of Reversionary Beneficiary: 280 Hartwood Avenue BATHURST NSW 2795

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).

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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 M Tugnett Date: 15/10/15

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

Independent Witness (1) L.M. Gordon Witness Name: Lorraine Marie Gardiner
(over 18 Years)
Independent Witness (2) J. Staden Witness Name: Jennifer Anne Staden
(over 18 Years)