

**PETER & SUZANNE KELLY SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: Manikato Investments Pty Ltd ACN 119 545 078 (The Trustee)
I, Peter Gregory Kelly
of 19 Young Street Wahroonga NSW 2076

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)
SUZANNE RAE KELLY	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)
MATTHEW RYAN KELLY	SON	33.3%
JOEL ANDREW KELLY	SON	33.3%
SAMUEL HAYDEN KELLY	SON	33.3%

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: 16/9/14

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: BRIAN GRAY

SIGNED:  DATED: 16/9/2014

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: MICHAEL KELLY

SIGNED:  DATED: 16/9/2014

**PETER & SUZANNE KELLY SUPERANNUATION FUND
BINDING DEATH BENEFIT NOMINATION [Clause 43-2(e)]
REVERSIONARY BENEFICIARY NOMINATION - MEMBER DETAILS**

Surname: Kelly
Given Names: Peter Gregory
Residential Address: 19 Young Street Wahroonga NSW 2076
Date of Birth: 30/05/1965
Gender: MALE FEMALE

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary (who must be a Dependant¹): SUZANNE RAE KELLY
Relationship to Member: WIFE
Date of birth: 14/11/65
Address of Reversionary Beneficiary: 19 YOUNG STREET WAHROONGA . 2076

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: 16/9/14

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

Independent Witness (1)  Witness Name: BRIAN GRAY
(over 18 Years)

Independent Witness (2)  Witness Name: MICHAEL KELLY
(over 18 Years)

BINDING DEATH BENEFIT NOMINATION FORM

COMPLETE THIS FORM IF YOU WOULD LIKE TO AMEND YOUR EXISTING NOMINATION, MAKE A NEW NOMINATION OR CONFIRM YOUR PREVIOUS NOMINATION IF IT WAS MADE MORE THAN 3 YEARS AGO.

TO: **MANIKATO INVESTMENTS PTY LTD (ACN 119 545 078) or such other trustee of the PETER & SUZANNE KELLY SUPERANNUATION FUND**

1. ACCOUNT DETAILS AND NOMINATED BENEFICIARIES

I [full name] Date of Birth Account number (if known)

Nominate that the total benefit payable on my death be paid in such manner, whether by way of lump sum and/or pension and/or annuity and/or any other benefit permitted by the SIS Regulation, as the Trustee in its absolute discretion thinks fit and to avoid any doubt, this Nomination includes the nomination of a Reversionary Beneficiary/Beneficiaries as defined in the Rules, as follows:

1. Beneficiary's Full Name	Date of Birth	Proportion of Benefit
<input type="text" value="LEGAL PERSONAL REPRESENTATIVE"/>	<input type="text"/>	<input type="text" value="100%"/>
Address <input type="text"/>	Relationship <input type="text" value="LPR"/>	
<input type="text"/> State <input type="text"/> Postcode <input type="text"/>		
2. Beneficiary's Full Name	Date of Birth	Proportion of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address <input type="text"/>	Relationship <input type="text"/>	
<input type="text"/> State <input type="text"/> Postcode <input type="text"/>		
3. Beneficiary's Full Name	Date of Birth	Proportion of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address <input type="text"/>	Relationship <input type="text"/>	
<input type="text"/> State <input type="text"/> Postcode <input type="text"/>		<input type="text" value="TOTAL BENEFIT"/>
		<input type="text"/>

Note: The person(s) nominated must be either the legal personal representative or a dependant of the member - a dependant includes the spouse (including a de facto spouse) of the Member, any child of the Member and any person with whom the Member has an interdependency relationship

2. SIGNATURE AND DECLARATION

I confirm that: this nomination revokes any previous nomination which I may have made
 I have signed this notice in the presence of the two witnesses who have signed below.

Signature Date

3. WITNESS DECLARATION

I confirm that: I am over the age of 18 and I am not a nominated beneficiary on this notice
 this notice of a binding death nomination was signed by the member in the presence of both witnesses (signed below).

Witness 1: Full name <input type="text" value="ALICE BRENNAN"/>	Witness 2: Full name <input type="text" value="ANDREW ATKEN"/>
Signature <input type="text" value="Alice Brennan"/>	Signature <input type="text" value="Andrew Atken"/>
Date <input type="text" value="01/06/2017"/>	Date <input type="text" value="1 6 17"/>

**PETER & SUZANNE KELLY SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: Manikato Investments Pty Ltd ACN 119 545 078 (The Trustee)
I, Suzanne Rae Kelly
of 19 Young Street Wahroonga NSW 2076

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)
PETER GREGORY KELLY	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)**

Appointing Contingent Beneficiaries

NAME AND ADDRESS OF DEPENDANT(S)	RELATIONSHIP	BENEFIT (Amount or percentage of total Benefit)
MATTHEW RYAN KELLY	SON	33.3%
JOEL ANDREW KELLY	SON	33.3%
SAMUEL HAYDEN KELLY	SON	33.3%

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: S. Kelly DATED: 16/9/14

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: BRIAN GRAY

SIGNED: [Signature] DATED: 16/9/2014

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: MICHAEL KELLY

SIGNED: [Signature] DATED: 16/9/2014

**PETER & SUZANNE KELLY SUPERANNUATION FUND
BINDING DEATH BENEFIT NOMINATION [Clause 43-2(e)]
REVERSIONARY BENEFICIARY NOMINATION - MEMBER DETAILS**

Surname: Kelly
Given Names: Suzanne Rae
Residential Address: 19 Young Street Wahroonga NSW 2076
Date of Birth: 14/11/1965
Gender: MALE FEMALE

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary (who must be a Dependant¹): PETER GREGORY KELLY
Relationship to Member: HUSBAND
Date of birth: 30/5/65
Address of Reversionary Beneficiary: 19 YOUNG ST WAHROONGA 2076

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 S. Kelly Date: 16/9/14

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

Independent Witness (1)  Witness Name: BRIAN GRAY
(over 18 Years)

Independent Witness (2)  Witness Name: MICHAEL KELLY
(over 18 Years)

BINDING DEATH BENEFIT NOMINATION FORM

COMPLETE THIS FORM IF YOU WOULD LIKE TO AMEND YOUR EXISTING NOMINATION, MAKE A NEW NOMINATION OR CONFIRM YOUR PREVIOUS NOMINATION IF IT WAS MADE MORE THAN 3 YEARS AGO.

TO: **MANIKATO INVESTMENTS PTY LTD (ACN 119 545 078) or such other trustee of the PETER & SUZANNE KELLY SUPERANNUATION FUND**

1. ACCOUNT DETAILS AND NOMINATED BENEFICIARIES

I [full name] Date of Birth Account number (if known)

Nominate that the total benefit payable on my death be paid in such manner, whether by way of lump sum and/or pension and/or annuity and/or any other benefit permitted by the SIS Regulation, as the Trustee in its absolute discretion thinks fit and to avoid any doubt, this Nomination includes the nomination of a Reversionary Beneficiary/Beneficiaries as defined in the Rules, as follows:

1. Beneficiary's Full Name	Date of Birth	Proportion of Benefit
<input type="text" value="LEGAL PERSONAL REPRESENTATIVE"/>	<input type="text"/>	<input type="text" value="100%"/>
Address <input type="text"/>		Relationship <input type="text" value="LPR"/>
<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
2. Beneficiary's Full Name	Date of Birth	Proportion of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address <input type="text"/>		Relationship <input type="text"/>
<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
3. Beneficiary's Full Name	Date of Birth	Proportion of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address <input type="text"/>		Relationship <input type="text"/>
<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
		TOTAL BENEFIT
		<input type="text"/>

Note: The person(s) nominated must be either the legal personal representative or a dependant of the member - a dependant includes the spouse (including a de facto spouse) of the Member, any child of the Member and any person with whom the Member has an interdependency relationship

2. SIGNATURE AND DECLARATION

I confirm that: this nomination revokes any previous nomination which I may have made
 I have signed this notice in the presence of the two witnesses who have signed below.

Signature Date

3. WITNESS DECLARATION

I confirm that: I am over the age of 18 and I am not a nominated beneficiary on this notice
 this notice of a binding death nomination was signed by the member in the presence of both witnesses (signed below).

Witness 1: Full name <input type="text" value="ANDREW AITKEN"/>	Witness 2: Full name <input type="text" value="ALICE BRENNAN"/>
Signature <input type="text" value="C. Aitken"/>	Signature <input type="text" value="A. Brennan"/>
Date <input type="text" value="1/6/17"/>	Date <input type="text" value="01/06/2017"/>