

BINDING DEATH BENEFIT NOMINATION
S.J & J.M DIXON SUPERANNUATION FUND ("the Fund")

Name of Member: **Janet Margaret Dixon**

Address of Member: 16 Seacrest Court, Cleveland, Queensland

1. I revoke all prior binding death benefit nominations made by me in relation to my interests and benefits in the Fund.

2. If :

(a) my husband **STEPHEN JOHN DIXON** is living at the date of my death and at the date of payment of my death benefits; and

(b) he does not direct the Trustee to pay my death benefits in some other form or manner or to some other person eligible under the Superannuation Industry Supervision Act (Cth), within the stipulated timeframe;

then, I direct the trustee of the Fund to pay 100% of my death benefits (including the balance of any pension payable to me) to my husband **STEPHEN JOHN DIXON**.

3. If my husband **STEPHEN JOHN DIXON** directs the Trustee to pay my death benefits in some other manner that is permissible under the Superannuation Industry (Supervision) Act, then my Trustee shall pay my death benefits in accordance with the direction of my husband.

4. If my husband **STEPHEN JOHN DIXON** is not living at the date of my death, and subject to all of my children instructing the Trustee to pay my death benefits in some other manner within the timeframe, then I direct the trustee of the Fund to pay 100% of my death benefits (including the balance of any pension payable to me) to my **LEGAL PERSONAL REPRESENTATIVE** to form part of my estate.

5. If all of my children direct the Trustee to pay my death benefits in some other manner that is permissible under the Superannuation Industry (Supervision) Act, then my Trustee shall pay my death benefits in accordance with the direction of all of my children.

6. In this nomination, the "timeframe" shall be the period from the date of my death until the earlier in time of the following:

(a) 12 months from my date of death;

(b) 9 months from the date of the grant of probate of my Will; or

(c) Such earlier date that is nominated by my husband if he is surviving or otherwise all of my children.

7. I declare that this nomination will continue until such time as I revoke or amend this nomination, or I make a new binding death benefit nomination.

8. I declare that this nomination will be binding on the trustee of the Fund and is able to be made by me under the governing rules of the Fund.

Signed and dated by the Member in the presence of two independent adult witnesses:

.....Janet Dixon.....
(Signature of Member)

.....29/5/2017.....
(Date)

Declaration of Witnesses

We hereby declare that:

- we are not named as a person to benefit under this nomination;
- we are over the age of 18 years;
- this nomination was signed by the member in the presence of both of us and of each other.

Witness 1

.....Peter Edward Freemantle.....
(Signature of Witness)

PETER EDWARD FREEMANTLE
(Name of Witness)

29 MAY 2017.
(Date)

Witness 2

.....Glenda Annette Freemantle.....
(Signature of Witness)

GLENDA ANNETTE FREEMANTLE
(Name of Witness)

29th MAY 2017
(Date)

Acknowledgment by Trustee

The Trustee of the Fund hereby acknowledges receipt of a copy of this nomination, and consents to its terms:

Signed by Janet Margaret Dixon as a director of Kharis Pty Ltd (ACN 125 969 351), for and on behalf of the Trustee of the S.J & J.M DIXON SUPERANNUATION FUND:

.....Janet Dixon.....

Signed by Stephen John Dixon as a director of Kharis Pty Ltd (ACN 125 969 351), for and on behalf of the Trustee of the S.J & J.M DIXON SUPERANNUATION FUND:

.....Stephen Dixon.....