

JOHN & LISA WELSH SUPERANNUATION FUND
BINDING DEATH BENEFIT NOMINATION [Clause 43-2(e)]
REVERSIONARY BENEFICIARY NOMINATION - MEMBER DETAILS

Surname: Welsh
Given Names: Lisa Ann
Residential Address: 9 Rosewall Street Willoughby NSW 2068
Date of Birth: 25/11/1965
Gender: MALE ☐ FEMALE ☒

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary (who must be a Dependant'): John Welsh
Relationship to Member: HUSBAND
Date of birth: 27/12/63
Address of Reversionary Beneficiary: 9 Rosewall St Willoughby

A 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 Lisa Welsh Date: 15.10.15

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

Independent Witness (1) LR Witness Name: LOUISE RELF
(over 18 Years)

Independent Witness (2) MA Witness Name: PAUL RELF
(over 18 Years)