

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

**Surname:** Harris  
**Given Names:** Carmel Therese  
**Residential Address:** Unit 26 F 3 Darling Point Road Darling Point NSW 2027  
**Date of Birth:** 18/12/1969  
**Gender:** MALE  FEMALE

**Reversionary Beneficiary to be Nominated**

**Name of Reversionary Beneficiary  
(who must be a Dependant<sup>1</sup>):** \_\_\_\_\_

**Relationship to Member:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Address of Reversionary Beneficiary:** \_\_\_\_\_

*n/a*

*as no dependant*

*to be included in Carmel's  
estate and dealt with*

*by her will per Agnes*

<sup>1</sup>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 \_\_\_\_\_ Date: \_\_\_\_\_

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

*Witness*

Independent Witness (1) \_\_\_\_\_ Witness Name: \_\_\_\_\_  
(over 18 Years)

*Witness*

Independent Witness (2) \_\_\_\_\_ Witness Name: \_\_\_\_\_  
(over 18 Years)

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

**Surname:** Harris  
**Given Names:** Agnes Cecelia  
**Residential Address:** Unit 26 F3 Darling Point Road Darling Point NSW 2027  
**Date of Birth:** 22/11/1936  
**Gender:** MALE  FEMALE

**Reversionary Beneficiary to be Nominated**

**Name of Reversionary Beneficiary (who must be a Dependant<sup>1</sup>):** CARMEL THERESA HARRIS  
**Relationship to Member:** DAUGHTER  
**Date of birth:** 18-12-1969  
**Address of Reversionary Beneficiary:** 26F/3 Darling Point Rd, Darling Point

<sup>1</sup>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: Agnes E. Harris Date: 18-9-2015

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

Independent Witness (1) Alexandra Hotimsky Witness Name: ALEXANDRA HOTIMSKY  
(over 18 Years)

Independent Witness (2) M. Karet Witness Name: Manlyn Karet  
(over 18 Years)

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

**Surname:** Harris  
**Given Names:** John Desmond  
**Residential Address:** Unit 26 F3 Darling Point Road Darling Point NSW 2027  
**Date of Birth:** 11/11/1937  
**Gender:** MALE  FEMALE

**Reversionary Beneficiary to be Nominated**

**Name of Reversionary Beneficiary (who must be a Dependant<sup>1</sup>):** CARMEL THERESE HARRIS  
**Relationship to Member:** DAUGHTER  
**Date of birth:** 18-12-1969  
**Address of Reversionary Beneficiary:** 26F/3 Darling Point Rd, Darling Point

<sup>1</sup>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 [Signature] Date: 18-9-2015

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

Independent Witness (1) [Signature] Witness Name: Marilyn Karet  
(over 18 Years)

Independent Witness (2) [Signature] Witness Name: ALEXANDRA HODMOSKY  
(over 18 Years)

**HARRIS FAMILY SUPERANNUATION FUND  
BINDING DEATH NOMINATION**

TO: John Desmond Harris and Agnes Cecilia Harris (The Trustee)  
I, John Desmond Harris  
of Unit 26 F3 Darling Point Road Darling Point NSW 2027

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**

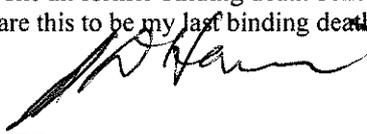
NAME AND ADDRESS OF DEPENDANT(S)	RELATIONSHIP	BENEFIT (Amount or percentage of total Benefit)
AGNES HARRIS, 26 F/3 DARLING POINT ROAD, DARLING POINT 2027	SPOUSE	100%

\*\* 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)
JOHN FRANCIS HARRIS, 2242 HALDRIE, MURRAY, KY. 42071, USA	SON	50%
CARMEL THERESE HARRIS, 26 F/3 DARLING PT RD, DARLING PT NSW	DAUGHTER	50%

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.



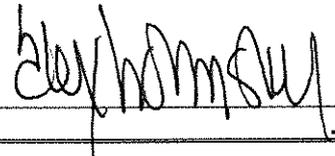
SIGNED: \_\_\_\_\_ DATED: 24-10-14

**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: ALEXANDRA HOTIMSKY



SIGNED: \_\_\_\_\_ DATED: 24 10 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: Marilyn Karet



SIGNED: \_\_\_\_\_ DATED: 24.10.14

**HARRIS FAMILY SUPERANNUATION FUND  
BINDING DEATH NOMINATION**

TO: John Desmond Harris and Agnes Cecilia Harris (The Trustee)  
I, Agnes Cecilia Harris  
of Unit 26 F3 Darling Point Road Darling Point NSW 2027

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)
DESMOND		
JOHN HARRIS	SPOUSE	100%
26F/3 DARLING POINT ROAD		
DARLING POINT 2027		

\*\* 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)
JOHN FRANCIS HARRIS, 2242 HAL DRIVE, MURRAY, KY. 42071, USA	SON	50%
CARMEL THERESE HARRIS, 26F/3 DARLING PT RD, DARLING PT NSW	DAUGHTER	50%

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: Agnes C. Harris DATED: 24-10-14

**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: ALEXANDRA HOTIMSKY

SIGNED: Alex Hotimsky DATED: 24/10/14

**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: Marilyn Karet

SIGNED: M Karet DATED: 24-10-14

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

**Surname:** Harris  
**Given Names:** Agnes Cecelia  
**Residential Address:** Unit 26 F3 Darling Point Road Darling Point NSW 2027  
**Date of Birth:** 22/11/1936  
**Gender:** MALE  FEMALE

**Reversionary Beneficiary to be Nominated**

**Name of Reversionary Beneficiary (who must be a Dependant<sup>1</sup>):** CARMEK LOUISE HARRIS  
**Relationship to Member:** DAUGHTER  
**Date of birth:** 18-12-1969  
**Address of Reversionary Beneficiary:** 36F/3 DARLING POINT ROAD, DARLING POINT 2027

<sup>1</sup>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 Agnes C. Harris Date: 24-4-12

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

Independent Witness (1) Eugenie Gillies Witness Name: EUGENIE GILLIES  
(over 18 Years)

Independent Witness (2) Robert Gillies Witness Name: ROBERT GILLIES  
(over 18 Years)

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

**Surname:** Harris  
**Given Names:** John Desmond  
**Residential Address:** Unit 26 F3 Darling Point Road Darling Point NSW 2027  
**Date of Birth:** 11/11/1937  
**Gender:** MALE  FEMALE

**Reversionary Beneficiary to be Nominated**

**Name of Reversionary Beneficiary (who must be a Dependant<sup>1</sup>):** CARMEL LOUISE HARRIS  
**Relationship to Member:** DAUGHTER  
**Date of birth:** 18-12-1969  
**Address of Reversionary Beneficiary:** 26F/3 DARLING POINT RD, DARLING POINT 2027

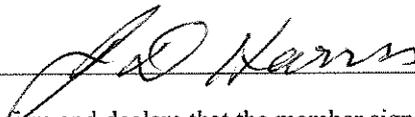
<sup>1</sup>A dependant means:

- 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).

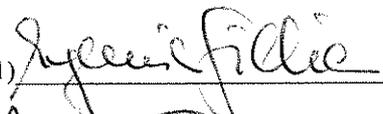
Your reversionary beneficiary must be a dependant at the time you nominate them and at the time of your death for the reversion to be valid. Additionally, in the case of a child over 18 years, your pension(s) can only revert if at the time of your death the child is financially dependent on you and not 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  Date: 24-4-12

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

Independent Witness (1)  Witness Name: EUGENIE GILLIES  
(over 18 Years)

Independent Witness (2)  Witness Name: ROBERT GILLIES  
(over 18 Years)

**HARRIS FAMILY SUPERANNUATION FUND  
BINDING DEATH NOMINATION**

TO: John Desmond Harris and Agnes Cecilia Harris (The Trustee)

I, John Desmond Harris

of Unit 26 F3 Darling Point Road Darling Point NSW 2027

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)
AGNES CECILIA HARRIS	SPOUSE	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.

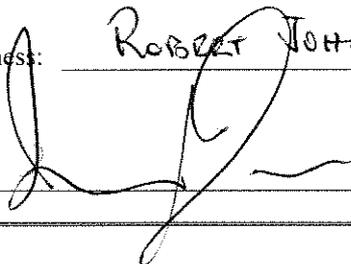
SIGNED:  DATED: 8-3-11

**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: ROBERT JOHN GILLIES

SIGNED:  DATED: 8-3-11

**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: EUGENIE GILLIES

SIGNED:  DATED: 8-3-11

**HARRIS FAMILY SUPERANNUATION FUND  
BINDING DEATH NOMINATION**

TO: John Desmond Harris and Agnes Cecilia Harris (The Trustee)

I, Agnes Cecilia Harris

of Unit 26 F3 Darling Point Road Darling Point NSW 2027

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)
JOHN DESMOND HARRIS	SPOUSE	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: Agnes C. Harris DATED: 8-3-11

**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: ROBERT JOHN GILLIES

SIGNED: [Signature] DATED: 8-3-11

**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: EUGENIE GILLIES

SIGNED: [Signature] DATED: 8-3-11

**HARRIS FAMILY SUPERANNUATION FUND  
BINDING DEATH NOMINATION**

TO: Harris Dwyer Pty Limited ACN 001 593 746 (The Trustee)

I, Agnes Cecilia Harris  
of Unit 26 F3 Darling Point Road Darling Point NSW 2027

being a Member/\*Pensioner (\*delete one) of the above superannuation fund hereby nominate the person(s) listed below \*\*as may 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)
JOHN DESMOND HARRIS	SPOUSE	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.

SIGNED: Agnes C. Harris DATED: 29. 6. 10

**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: J. P. WOODWACK

SIGNED: [Signature] DATED: 29. 6. 10

**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: BOBYL LORRAINE LOTTUS

SIGNED: [Signature] DATED: 29-6-10

**HARRIS FAMILY SUPERANNUATION FUND  
BINDING DEATH NOMINATION**

TO: Harris Dwyer Pty Limited ACN 001 593 746 (The Trustee)

I, John Desmond Harris  
of Unit 26 F3 Darling Point Road Darling Point NSW 2027

being a Member/\*Pensioner (\*delete one) of the above superannuation fund hereby nominate the person(s) listed below \*\*as may 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)
<i>AD</i> AGNES CECILIA HARRIS	SPOUSE	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.

SIGNED: *J.D. Harris* DATED: 29.6.10

**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: *P. Woodward* *P. Woodward*

SIGNED: *P. Woodward* DATED: 29.6.10

**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: *Beryl Margaret Curtis*

SIGNED: *B.M. Curtis* DATED: 29-6-10