

**BRIGGS SERVICES PTY LIMITED SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: Briggs Services Pty Limited ACN 004 002 724 (The Trustee)
I, Dawn Briggs
of 91 Middle Head Road Mosman NSW 2088

being a Member/*Pensioner (*delete one) of the above superannuation fund hereby nominate the person(s) listed below **as my Nominated Beneficiaries of my accumulation account 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)
DAVID BRIGGS, 91 MIDDLE HEAD RD, MOSMAN, NSW	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)
ASALEY BRIGGS, 10 VALLEY RD, HORNSBY, NSW	SON	26%
BELINDA GRIST, 34 RICKARD AV, MOSMAN, NSW	DAUGHTER	37% (26% + 11%)
JEFFREY BRIGGS, 31 KENNETH ST, LONGUEVILLE NSW	SON	37% (26% + 11%)

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: DAWN  DATED: 15/10/18

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: Asha Assaf


SIGNED: Asha Assaf DATED: 15/10/18

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: Deanne Bale

SIGNED: 

**BRIGGS SERVICES PTY LIMITED SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: Briggs Services Pty Limited ACN 004 002 724 (The Trustee)
I, Dawn Briggs
of 91 Middle Head Road Mosman NSW 2088

being a Member/*Pensioner (*delete one) of the above superannuation fund hereby nominate the person(s) listed below **as my Nominated Beneficiaries of my market linked pension 508 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)
DAVID BRIGGS, 91 MIDDLE HEAD RD. MOSMAN NSW	SPOUSE	100%

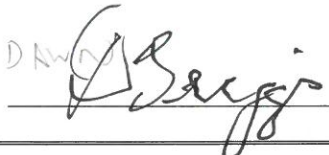
*** It is important that you only nominate people to whom superannuation law permits the trustee to pay benefits. Refer to the definition of Dependant in the trust deed. You may also nominate your legal personal representative (i.e. the executor or administrator of your estate upon your death)*

Appointing Contingent Beneficiaries

NAME AND ADDRESS OF DEPENDANT(S)	RELATIONSHIP	BENEFIT (Amount or percentage of total Benefit)
ASALEY BRIGGS, 10 VALLEY RD. HORNSBY NSW	SON	26%
BEUNGA GRIST, 34 RICKARD AV. MOSMAN NSW	DAUGHTER	37% (26% + 11%)
JEFFREY BRIGGS, 31 KENNETH ST. LONGUEVILLE NSW	SON	37% (26% + 11%)

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: 15/10/18

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: Alia Assaf


SIGNED:  DATED: 15/10/18

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: Deanne Bale

SIGNED: 

**BRIGGS SERVICES PTY LIMITED SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: Briggs Services Pty Limited ACN 004 002 724 (The Trustee)
I, David Allan Briggs
of 91 Middle Head Road Mosman NSW 2088

being a Member/*Pensioner (*delete one) of the above superannuation fund hereby nominate the person(s) listed below **as my Nominated Beneficiaries of my accumulation account 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)
DAWN BRIGGS, 91 MIDDLE HEAD RD. MOSMAN N.S.W.	SPOUSE	100%

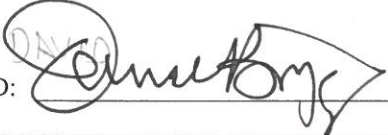
*** It is important that you only nominate people to whom superannuation law permits the trustee to pay benefits. Refer to the definition of Dependant in the trust deed. You may also nominate your legal personal representative (i.e. the executor or administrator of your estate upon your death)*

Appointing Contingent Beneficiaries

NAME AND ADDRESS OF DEPENDANT(S)	RELATIONSHIP	BENEFIT (Amount or percentage of total Benefit)
ASHLEY BRIGGS, 10 VALLEY RD. HORNSBY. NSW	SON	26%
BELINDA GRIST, 34 RICKARD AV. MOSMAN. NSW	DAUGHTER	37% (26% + 11%)
JEFFREY BRIGGS 31 KENNETH ST. LONGUEVILLE NSW	SON	37% (26% + 11%)

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: 15-10-18

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: Alia Assaf


SIGNED:  DATED: 15/10/18

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: Joanne Bale

SIGNED: 

**BRIGGS SERVICES PTY LIMITED SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: Briggs Services Pty Limited ACN 004 002 724 (The Trustee)
I, David Allan Briggs
of 91 Middle Head Road Mosman NSW 2088

being a Member/*Pensioner (*delete one) of the above superannuation fund hereby nominate the person(s) listed below **as my Nominated Beneficiaries of my **market linked pension 507** 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)
DAWN BRIGGS, 91 MIDDLE HEAD RD. MOSMAN NSW	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)
ASHLEY BRIGGS, 10 VALLEY RD. HORNSBY NSW	SON	26%
BELINDA GRIST 34 RICKARD AV. MOSMAN NSW	DAUGHTER	37% (26% + 11%)
JEFFREY BRIGGS 31 KENNETH ST. LONGUEVILLE NSW	SON	37% (26% + 11%)

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: 15TH Oct 18

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: Alia Assaf

SIGNED:  DATED: 15/10/18

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: Deanne Ball

SIGNED: 

BRIGGS SERVICES PTY LIMITED SUPERANNUATION FUND
BINDING DEATH BENEFIT NOMINATION [Clause 43-2(e)]
REVERSIONARY BENEFICIARY NOMINATION - MEMBER DETAILS

Surname: Briggs
Given Names: David Allan Briggs
Residential Address: 91 Middle Head Road Mosman NSW 2088
Date of Birth: 31/07/1931
Gender: MALE ☒ FEMALE ☐

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary (who must be a Dependant¹): DAWN BRIGGS

Relationship to Member: SPOUSE

Date of birth: 27-03-1932

Address of Reversionary Beneficiary: 91 MIDDLE HEAD RD. MOSMAN, NSW.

Pension Account: Account Based Pension ABP 502

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: 15.10.18

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

Independent Witness (1) 
(over 18 Years)

Witness Name: Alia Assaf

Independent Witness (2) 
(over 18 Years)

Witness Name: Deanne Bale

BRIGGS SERVICES PTY LIMITED SUPERANNUATION FUND
BINDING DEATH BENEFIT NOMINATION [Clause 43-2(e)]
REVERSIONARY BENEFICIARY NOMINATION - MEMBER DETAILS

Surname: Briggs
Given Names: Dawn
Residential Address: 91 Middle Head Road Mosman NSW 2088
Date of Birth: 27/03/1932
Gender: MALE ☐ FEMALE ☒

Reversionary Beneficiary to be Nominated

Name of Reversionary Beneficiary
(who must be a Dependant¹): DAVID BRIGGS.
Relationship to Member: SPOUSE
Date of birth: 31.07.1931
Address of Reversionary Beneficiary: 91 MIDDLE HEAD RD MOSMAN, NSW.

Pension Account: Account Based Pension ABP 504

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: 15.10.18

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

Independent Witness (1)  Witness Name: Alia Assaf
(over 18 Years)

Independent Witness (2)  Witness Name: Deanne Bale
(over 18 Years)

**BRIGGS SERVICES PTY LIMITED SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: Briggs Services Pty Limited ACN 004 002 724 (The Trustee)
I, Jeffrey Ian Briggs
of 31 Kenneth Street Longueville NSW 2066

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)
Paula Briggs AS above	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)

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: _____

30/11/2014

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: _____

Ian Kevin Smith

SIGNED: _____

DATED: _____

30.10.14

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: _____

Ja Smith.

SIGNED: _____

DATED: _____

30-10-2014

**BRIGGS SERVICES PTY LIMITED SUPERANNUATION FUND
BINDING DEATH NOMINATION**

TO: Briggs Services Pty Limited ACN 004 002 724 (The Trustee)
I, Belinda Jai Grist
of 34 Rickard Avenue Mosman NSW 2088

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)
Geoffrey Grist		
As above	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)

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.

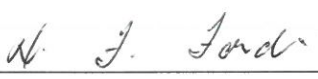
SIGNED:  DATED: 5/11/14

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: DAWN FRANCES FORD

SIGNED:  DATED: 5/11/14

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: MARK ALLEN

SIGNED:  DATED: 5-11-14