

SCHEDULE

ITEM 1	DATE OF THIS DEED:	x 21-6-2012
ITEM 2	TRUSTEE:	HARVEY BRUCE KILLEN and ROBYN DOROTHY KILLEN of 2 - 13 GLOUCESTER STREET, NELSON BAY NSW 2315
ITEM 3	MEMBERS:	HARVEY BRUCE KILLEN and ROBYN DOROTHY KILLEN of 2 - 13 GLOUCESTER STREET, NELSON BAY NSW 2315
ITEM 4	PRINCIPAL (if applicable): (Principal Employer, Founder etc.)	NOT APPLICABLE
ITEM 5	NAME OF THE FUND:	KILLEN SUPERANNUATION FUND
ITEM 6	COMMENCEMENT DATE OF THE FUND:	18 SEPTEMBER 2003
ITEM 7	EXISTING TRUST DEED:	18 SEPTEMBER 2003
ITEM 8	AMENDMENT CLAUSE:	6.14
ITEM 9	EFFECTIVE DATE:	x 21-6-2012
ITEM 10	GOVERNING STATE:	NEW SOUTH WALES

EXECUTED as a Deed on the Date of this Deed.

TRUSTEE

SIGNED SEALED AND DELIVERED by the said)
HARVEY BRUCE KILLEN as Trustee in the)
presence of:)

M Chesworth

B. Killen

HARVEY BRUCE KILLEN

Witness

Michelle Chesworth

Print Name of Witness

SIGNED SEALED AND DELIVERED by the said)
ROBYN DOROTHY KILLEN as Trustee in the)
presence of:)

M Chesworth

Robyn Killen

ROBYN DOROTHY KILLEN

Witness

Michelle Chesworth

Print Name of Witness

MEMBERS

SIGNED SEALED AND DELIVERED by the said)
HARVEY BRUCE KILLEN as Member in the)
presence of:)

M Chesworth

B. Killen

HARVEY BRUCE KILLEN

Witness

Michelle Chesworth

Print Name of Witness

SIGNED SEALED AND DELIVERED by the said)
ROBYN DOROTHY KILLEN as Member in the)
presence of:)

M Chesworth

Robyn Killen

ROBYN DOROTHY KILLEN

Witness

Michelle Chesworth

Print Name of Witness

KILLEN SUPERANNUATION FUND
(Fund)

non lapsing binding death benefit beneficiary nomination
notice

full name of member: ROBYN DOROTHY KILLEN

I require the trustee to pay, upon my death, benefits to the person or persons, and in the proportions, specified below:

(Please tick the appropriate box and complete the necessary details)

Dependants

surname(s)	given name(s)	relationship	% of total benefit
KILLEN	HARVEY BRUCE	HUSBAND	100%

Legal Personal Representative (LPR) of my Estate (to be distributed in accordance with my will or relevant intestacy laws) The LPR at the date of this Notice are the persons named below:

surname(s)	given name(s)	relationship	% of total benefit

Robyn Killen
signature of member

21 / 6 / 2012
date (ensure that you date this part of the form)

Witnesses

We the two persons named below declare the member signed and dated this form in our presence and that:

- (a) we are over 18 years of age; and
- (b) we are neither the dependants specified above nor the legal personal representatives of the member.

M Chesworth
signature of witness
print name Michelle Chesworth

21 / 6 / 2012
date (ensure that you date this part of the form)

Mark Edmunds
signature of witness
print name MARK EDMUNDS

21 / 06 / 2012
date (ensure that you date this part of the form)

KILLEN SUPERANNUATION FUND
(Fund)

non lapsing binding death benefit beneficiary nomination
notice

full name of member: HARVEY BRUCE KILLEN

I require the trustee to pay, upon my death, benefits to the person or persons, and in the proportions, specified below:

(Please tick the appropriate box and complete the necessary details)

Dependants

surname(s)	given name(s)	relationship	% of total benefit
KILLEN.	ROBYN. DOROTHY	WIFE.	100%

Legal Personal Representative (LPR) of my Estate (to be distributed in accordance with my will or relevant intestacy laws) The LPR at the date of this Notice are the persons named below:

surname(s)	given name(s)	relationship	% of total benefit

B. Killen
signature of member

21 / 06 / 2012
date (ensure that you date this part of the form)

Witnesses

We the two persons named below declare the member signed and dated this form in our presence and that:

- (a) we are over 18 years of age; and
- (b) we are neither the dependants specified above nor the legal personal representatives of the member.

M Chesworth
signature of witness
print name Michelle Chesworth

21 / 6 / 2012
date (ensure that you date this part of the form)

M Edmunds
signature of witness
print name MARK EDMUNDS.

21 / 06 / 2012
date (ensure that you date this part of the form)