



SuperHelp Australia Pty. Ltd.

ABN 60 061 126 663

Address: PO Box 454
Burwood NSW 1805
Email: info@superhelp.com.au
Phone: 1 300 736 453

Death Benefit Nomination Request

Complete the form below if you would like us to prepare binding or non-binding death benefit nomination documents. The documents will be created using the details you provide here. Please print clearly.

| | |
|---|---|
| 1. SMSF Name: | M & JE SUPER FUND |
| 2. Member Name: | MIKE LEE, JEANG ANN LEE |
| 3. Member Address: | 28 BOWEN CI CHERRYBROOK NSW 2126 |
| 4. Type of Death Benefit Nomination: | <input checked="" type="checkbox"/> Binding <input type="checkbox"/> Non-Binding |
| 5. Death Benefits to be paid to: | <input checked="" type="checkbox"/> Nominated Beneficiary - go to section 6 <input type="checkbox"/> Legal Personal Representative - go to section 8 |
| 6. Number of Nominated Beneficiaries? | 2 |
| 7. Provide the details of each nominated beneficiary. | |
| Beneficiary 1 | |
| Full Name: | MIKE LEE |
| Relationship to you (select one only): | <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child (must be under 18 years old) <input type="checkbox"/> Financial Dependant <input type="checkbox"/> Interdependent Relationship <input type="checkbox"/> Lump Sum <input type="checkbox"/> Income Stream <input checked="" type="checkbox"/> in the form determined by the nominated beneficiary |
| Type of Benefit Amount: | |
| Percentage (%) of Benefit Amount (only complete if there is more than 1 beneficiary): | 100 |



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7. Nominated Beneficiary Details (continued)

Beneficiary 2 (if applicable)

Full Name:

JEANG EUN WEE

Relationship to you (select one only):

- Spouse
- Child (must be under 18 years old)
- Financial Dependant
- Interdependent Relationship

Type of Benefit Amount:

- Lump Sum
- Income Stream
- in the form determined by the nominated beneficiary

Percentage (%) of Benefit Amount (only complete if there is more than 1 beneficiary):

100

Beneficiary 3 (if applicable)

Full Name

Relationship to you (select one only):

- Spouse
- Child (must be under 18 years old)
- Financial Dependant
- Interdependent Relationship

Type of Benefit Amount:

- Lump Sum
- Income Stream
- in the form determined by the nominated beneficiary



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Percentage (%) of Benefit Amount (only complete if there is more than 1 beneficiary):

8. Nomination Timeframe (for binding nomination)

Unless revoked by the Member, this Notice is:

Non-lapsing and shall not cease

lapsing and shall cease after X years

If you chose 'is lapsing and shall cease after X years,' please indicate the number of years:

9. Cascading Nomination

Note: The death benefit nomination will state that if any of the Nominated Beneficiaries fail to survive the member for a period of 30 days, the Beneficiaries' share of the death benefit will be paid to the Legal Personal Representative of the estate to be dealt with in accordance to the member's last Will.

10. Replacement Trustee

Do you wish to nominate a person who will be appointed replacement trustee/director upon their consent?

No - go to section 11

Yes

Full Name of Replacement Trustee/Director

Replacement Residential Address

11. Consent

I would like SuperHelp Australia Pty. Ltd. to prepare death benefit nomination documents based on the information I have provided above.

Your Name: MIKE LEE

Signature:

Date:

20/01/2020

SIGN HERE