

# BINDING DEATH BENEFIT NOMINATION FORM

## MBAF Superannuation Fund

To: The Trustee of the MBAF Superannuation Fund

I, **Melad Aoun**, of 25 Albert Street, Moonee Ponds, VIC 3039:

- 1 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; and
- 2 nominate the following persons to receive all benefits payable in respect of my membership in the Fund on or after my death:

| Surname          | Given name      | Relationship | Specify \$ or % amount | Manner of Payment* |
|------------------|-----------------|--------------|------------------------|--------------------|
| Mitzi Finis Aoun | Panagiota Rotty | Wife         | 100 %                  | Lump Sum           |
|                  |                 |              |                        |                    |
|                  |                 |              |                        |                    |
|                  |                 |              |                        |                    |


If any person nominated in the above table should predecease me, then I direct the Trustees of the Fund to distribute the benefits allocated to that person equally among the remaining nominated persons. If there are no remaining nominated persons at the time of my death, I direct that the Trustees pay my superannuation benefits to the following persons or, if there are no persons nominated in the below table, to my legal personal representative.

| Surname | Given name | Relationship | Specify \$ or % amount | Manner of Payment* |
|---------|------------|--------------|------------------------|--------------------|
| Aoun    | Subah Sam  | Son          | 100 %                  | Lump Sum           |
|         |            |              |                        |                    |
|         |            |              |                        |                    |
|         |            |              |                        |                    |

\* If no Manner of Payment is specified, the Trustees of the Fund will have the discretion to pay the death benefits as one or more lump sums or as a pension.

- 3 I acknowledge that the nominated persons are:
  - (a) my dependants for the purposes of superannuation law being:
    - (i) a spouse
    - (ii) a child;
    - (iii) a person who is financially dependent on me; or
    - (iv) a person with whom I am in an interdependency relationship; or
  - (b) my legal personal representative.

Dated: 05/08/2013

  
Melad Aoun


### Witness declaration

#### First witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Melad Aoun in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 05 / 08 / 2013

  
\_\_\_\_\_  
Signature of witness

TANIA AOUN  
\_\_\_\_\_  
Name of witness (please print)

Name of witness (please print)

10 BALWYN ROAD, BULLEEN, VIC, 3105  
\_\_\_\_\_  
Address of witness (please print)


Address of witness (please print)

#### Second witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Melad Aoun in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 05 / 08 / 2013

  
\_\_\_\_\_  
Signature of witness

MONICA AOUN  
\_\_\_\_\_  
Name of witness (please print)

Name of witness (please print)

10 BALWYN ROAD, BULLEEN, VIC, 3105  
\_\_\_\_\_  
Address of witness (please print)

Address of witness (please print)

#### Important notice

You should seek legal advice if your personal or financial circumstances change or if you wish to amend or revoke your existing binding death benefit nomination. You should regularly review your binding death benefit nomination to ensure it still matches your circumstances

If you wish to amend or revoke your binding death benefit nomination, the Trustees of the Fund can provide you with a form on request. The form should be witnessed by two people 18 years or over who are not named in the original binding nomination or the subsequent amendment or revocation.

We recommend the date the member signs the form should also be the date the witnesses sign the declaration to ensure the binding death benefit nomination is not challenged.

# BINDING DEATH BENEFIT NOMINATION FORM

## MBAF Superannuation Fund

To: The Trustee of the MBAF Superannuation Fund

I, **Panagiota Betty Mitzifiris Aoun**, of 25 Albert Street, Moonee Ponds, VIC 3039:

- 1 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; and
- 2 nominate the following persons to receive all benefits payable in respect of my membership in the Fund on or after my death:

| Surname | Given name | Relationship | Specify \$ or % amount | Manner of Payment* |
|---------|------------|--------------|------------------------|--------------------|
| AOUN    | MELAD      | HUSBAND      | 100 %                  | Lump Sum           |
|         |            |              |                        |                    |
|         |            |              |                        |                    |
|         |            |              |                        |                    |

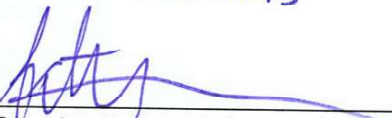
If any person nominated in the above table should predecease me, then I direct the Trustees of the Fund to distribute the benefits allocated to that person equally among the remaining nominated persons. If there are no remaining nominated persons at the time of my death, I direct that the Trustees pay my superannuation benefits to the following persons or, if there are no persons nominated in the below table, to my legal personal representative.

| Surname | Given name | Relationship | Specify \$ or % amount | Manner of Payment* |
|---------|------------|--------------|------------------------|--------------------|
| AOUN    | SARAH SAM  | SON          | 100 %                  | Lump Sum           |
|         |            |              |                        |                    |
|         |            |              |                        |                    |
|         |            |              |                        |                    |

\* If no Manner of Payment is specified, the Trustees of the Fund will have the discretion to pay the death benefits as one or more lump sums or as a pension.

- 3 I acknowledge that the nominated persons are:
  - (a) my dependants for the purposes of superannuation law being:
    - (i) a spouse
    - (ii) a child;
    - (iii) a person who is financially dependent on me; or
    - (iv) a person with whom I am in an interdependency relationship; or
  - (b) my legal personal representative.

Dated: 05 / 08 / 2013

  
\_\_\_\_\_  
Panagiota Betty Mitzifiris Aoun

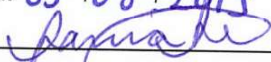
### Witness declaration

#### First witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Panagiota Betty Mitzifiris Aoun in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 05/08/2013



Signature of witness

TANIA AOUN

Name of witness (please print)

10 BALWYN ROAD, BULLEEN, VIC, 3105

Address of witness (please print)

#### Second witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Panagiota Betty Mitzifiris Aoun in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 05/08/2013



Signature of witness

MONICA AOUN

Name of witness (please print)

10 BALWYN ROAD, BULLEEN, VIC, 3105

Address of witness (please print)

#### Important notice

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