

Death Benefit Nomination Form



I, Ramon Johannes Nayib Bon, as a member of the Mercury Fly Holding Fund

Super Fund, make the nomination below pursuant to the SIS Act, the Superannuation Industry (Supervision) Regulations 1994 ('the SIS regulation') and the funds trust deed with respect to my interest in the super fund.

Please complete this page.

Name of Beneficiary	Address of Beneficiary	Beneficiary Date of Birth	Relationship to Member	Benefit Proportion
WINNIE BON	12 Dutton St Hawthorne 4171	23 OCT 73	WIFE	100 %
Legal Personal Representative				%

In the event the above-named beneficiary does not survive me, I hereby direct the trustees to pay 100% of my benefit including any insurance proceeds which are received by the trustee with respect to my membership within the fund to the following:

Name of Beneficiary	Address of Beneficiary	Beneficiary Date of Birth	Relationship to Member	Benefit Proportion
MAXIM BON	12 Dutton St Hawthorne 4171	2 Dec 06	SON	50 %
IJSBRAND BON	12 Dutton St Hawthorne 4171	8 Jan 09	SON	50 %
				%
				%
Legal Personal Representative				%

I understand that this nomination can be either binding or non-binding upon the trustee and that in the case of non-binding the trustee is not obliged to follow my nomination. I have indicated via marking in the box below whether the nomination is binding or non-binding upon the trustee.

Binding

Non-Binding

IF BINDING:

I have confirmed that this nomination is binding, and I wish the nomination to be in place for the period I have nominated below:


This nomination is to continue to bind the trustee until I revoke it.

This nomination will continue to bind the trustees for a period of ___ years, after which time the nomination will revert to non-binding unless a new nomination is made.

DECLARATIONS & CONSENT

By signing this form, I acknowledge;

- I am entitled to revoke this nomination at any time
- The trustee is required to comply with the trust deed, SIS Act and Regulations when making payment of my entitlement from the fund
- By amending my nomination, I understand that any prior nomination will be automatically revoked
- I understand that if my nomination is non-binding or invalid at the time of my death that the trustee will have the discretion to pay my entitlement to any one or more of my dependants or legal personal representative in any proportion that the trustee deems appropriate



Signature of Member

25/01/22
Date

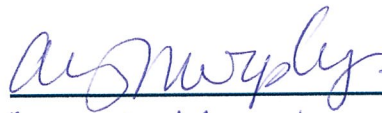
Please sign and date

This section **MUST** be completed if you wish to make the nomination binding on the trustee.

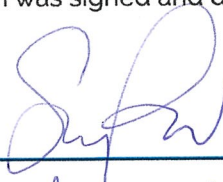
Witness to complete if binding

The witnesses must both be over the age of 18 and not named as a beneficiary in this document.

I declare this form was signed and dated in my presence.

Signature: 
Name: Annette Murphy
Address: 252 Ferguson Rd
Seven Hills Qld 4170
Date: 3/2/22

I declare this form was signed and dated in my presence.

Signature: 
Name: Shoshannah Walton
Address: 32001 / 2 Cordelia st,
South Brisbane 4101
Date: 03/02/2022

By signing the form below I formally accept the nomination made by the member in my capacity as a trustee of the fund.



Signature of Trustee/Director

25/01/22
Date

Please sign and date