



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:

RETIRE IN WEALTH

2. Member Name:

SHANE RAYMOND GRASSIE

3. Member Address:

3/12 AUBREY ST, SPRINGBROOK, SYDNEY N.S.W. AUSTR.

NEW SOUTH WALES

2018

4. Type of Death Benefit Nomination:

Binding

Non-Binding

5. Death Benefits to be paid to:

Nominated Beneficiary - go to section 6

Legal Personal Representative - go to section 8

6. Number of Nominated Beneficiaries?

1

7. Provide the details of each nominated beneficiary.

Beneficiary 1

Full Name:

CWODAGH MARY LEEDY.

Relationship to you (select one only):

Spouse

Child (must be under 18 years old)

Financial Dependant

Interdependent Relationship

Lump Sum

Income Stream

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):



SuperHelp Australia Pty. Ltd.

ABN 60 061 126 663

Address: PO Box 454
Burwood NSW 1805
Email: info@superhelp.com.au

Death Benefit Nomination Request

Phone: 1 300 736 453

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

8. Nomination Timeframe (select one only)

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. Consent

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

Your Name: SHANE RAYMOND GLASSIE

Signature:

Date:

19-8-2020

SIGN HERE