

# Death Benefit nomination of beneficiary form

## 1. Fund details

Name

Annalise Pty Ltd Superannuation Fund

## 2. Trustee details

Trustee(s) name

Annalise Pty Ltd

## 3. Member details

Name

Paul Jacques Giezekamp

Address

2 Stanley Street Leichhardt NSW 2040

Date of birth

7/9/1970

## 4. Nominated beneficiary details

### Beneficiary 1 details

Dependant

Legal Personal Representative

Name

Date of birth

Relationship to member

Percentage of benefit

100 %

If the above Beneficiary does not survive me by thirty (30) days, I nominate:

### Beneficiary details

Dependant

Legal Personal Representative

Name

Date of birth

Relationship to member

Percentage of benefit

%

### Beneficiary details

Dependant

Legal Personal Representative

Name

Date of birth

Relationship to member

Percentage of benefit

%

### Beneficiary details

Dependant

Legal Personal Representative

Name

Date of birth

Relationship to member

Percentage of benefit

%

### Beneficiary details

Dependant

Legal Personal Representative

Name

Date of birth

Relationship to member

Percentage of benefit

%

### Beneficiary 2 details

Dependant

Legal Personal Representative

Name

Date of birth

Relationship to member

Percentage of benefit

%

If the above Beneficiary does not survive me by thirty (30) days, I nominate:

### Beneficiary details

Dependant

Legal Personal Representative

Name

Date of birth

Relationship to member

Percentage of benefit

%

### Beneficiary details

Dependant

Legal Personal Representative

Name

Date of birth

Relationship to member

Percentage of benefit

%

**Beneficiary 3 details**  Dependant  Legal Personal Representative

Name  Date of birth

Relationship to member  Percentage of benefit  %

If the above Beneficiary does not survive me by thirty (30) days, I nominate:

**Beneficiary details**  Dependant  Legal Personal Representative

Name  Date of birth

Relationship to member  Percentage of benefit  %

**Beneficiary details**  Dependant  Legal Personal Representative

Name  Date of birth

Relationship to member  Percentage of benefit  %

**Beneficiary 4 details**  Dependant  Legal Personal Representative

Name  Date of birth

Relationship to member  Percentage of benefit  %

If the above Beneficiary does not survive me by thirty (30) days, I nominate:

**Beneficiary details**  Dependant  Legal Personal Representative

Name  Date of birth

Relationship to member  Percentage of benefit  %

**Beneficiary details**  Dependant  Legal Personal Representative

Name  Date of birth

Relationship to member  Percentage of benefit  %

## 5. Declaration

I declare that this nomination revokes any previous nomination which I have made.

In the event of my death, the Trustee will pay my death benefit in accordance with this nomination unless I subsequently revoke or amend this nomination (**please indicate one only with X**):

- Three year binding nomination (will automatically expire in three years), or
- Non-lapsing binding nomination (is binding indefinitely unless amended or revoked)
- Non-binding nomination (is only a beneficiary statement of your wishes and is not binding on the Trustee(s)\*

**Note: This nomination cannot be signed under Power of Attorney and must be witnessed by two individuals.**

**Member signature:**



Date

Witness declaration

I declare that this Nomination Form was signed and dated by the above named Member in my presence, that I am aged 18 years or over and I am not named as a beneficiary in this Form.

Witness 1 - Name



Date of birth

Witness 1 - Signature



Date

Witness 2 - Name



Date of birth

Witness 2 - Signature



Date

\* Please note, for a non-binding nomination, the nomination does not need to be witnessed.