

The Parker Family Super Fund

Death Benefit Nomination

COMPLETE THIS FORM TO NOMINATE WHO SHOULD RECEIVE YOUR SUPERANNUATION BENEFITS ON YOUR DEATH.
THIS NOMINATION IS BINDING ON THE TRUSTEE.

Warning: A member of an SMSF can make a death benefit nomination that is a binding direction on the trustee of an SMSF provided that is catered for in the governing rules of the fund and the form is completed correctly. Please ensure you review the Governing Rules of this fund before completing the nomination otherwise, this nomination may be deemed invalid in a court of law.

Binding death benefit nominations are legal documents and carry significant risk. We therefore highly recommend that the nomination is reviewed or completed by a Legal Representative.

FUND AND MEMBER DETAILS

Fund Name:	The Parker Family Super Fund
Member Name:	Vicky Parker
Member Code:	PARVIC00001A
Member Address:	13 McHugh Crescent, Whitfield, Queensland 4870

NOMINATION MADE TO

Timothy Parker and Vicky Parker of 13 McHugh Crescent, Whitfield, Queensland, 4870 as trustees of The Parker Family Super Fund which is a self-managed superannuation fund as defined in the *Superannuation Industry (Supervision) Industry Act 1993* (Cth) ('the SIS Act').

MY NOMINATION

I hereby request the Trustee to pay my superannuation benefit payable, in event of my death, to the person(s) nominated below.

Beneficiary Name	Address of Beneficiary (LPR does not require an address)	Beneficiary's Relationship to Member	% of Total
Timothy John Parker	13 McHugh Crescent, Whitfield, Queensland 4870	Spouse	100.00%
However, should Timothy John Parker predecease me, I direct the benefits to the following beneficiaries:			
Verity Mae Parker	13 McHugh Crescent, Whitfield, Queensland 4870	Child	50.00%
Bryony Catherine Parker	13 McHugh Crescent, Whitfield, Queensland 4870	Child	50.00%

DECLARATION & ACKNOWLEDGEMENT

1. I acknowledge that this Nomination is made in accordance with the Commissioner's view set out in SMSFD 2008/3 that the statutory requirements in subsection 59(1A) of the SIS Act and regulation 6.17A of the SIS Regulation have no application to self-managed superannuation funds.
2. I acknowledge that the requirements in the *Superannuation Industry (Supervision) Act* and the *Superannuation Industry (Supervision) Regulations 1994* (Cth) have been satisfied notwithstanding Rule/Clause of the fund Deed does not require the Nomination to comply with the requirements in the SIS Regulations.
3. I acknowledge that each of the persons mentioned in this Nomination is my spouse, child, financial dependant and/or my legal personal representative.
4. I acknowledge that this Nomination is intended to be effective until and unless the nomination is later revoked by me.
5. I have signed this Nomination in the presence of two witnesses (who are not a nominee on this Binding Death Benefit Nomination) both of whom are over the age of 18.
6. This nomination replaces any pre-existing nominations I currently have with this fund.

**The Parker Family Super Fund
Death Benefit Nomination**

Vicky Parker
Vicky Parker

7/12/2022
Date

WITNESS DECLARATION

I declare that:

1. I am a person over 18 years;
2. I am not a person mentioned in this Binding Death Benefit Nomination; and
3. The Member signed this Binding Death Benefit Nomination in my presence and in the presence of the other witness.

Witness 1: PRISCILLA MARIE CONNIE O'BRIEN
Full Name:
Address: 73 AGATE STREET, BAYVIEW HEIGHTS Q 4868

P. O'Brien
Signature

7/12/2022
Date

Witness 2: Samantha Erin Jane Gaunt
Full Name:
Address: 9 Botany Avenue, Redlynch Q 4870

S. Gaunt
Signature

07/12/2022
Date