

# Binding death benefit nomination

## G Whipper Retirement Fund

I, **Gail Helen Whipper** of **11 The Quarterdeck, Merewether Heights NSW 2291** as a Member of the Fund, hereby notify the Trustee of whom to pay my benefits in the Fund to, on or after my death

Name	Relationship	% of benefit
<b>Total</b>		<b>100%</b>

I understand that:

- I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;
- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;
- this Nomination is deemed invalid if completed incorrectly; and
- I have nominated persons who are "dependants" as outlined in the Fund's death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.

\_\_\_\_\_  
**Signatory**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### Witness Declaration

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

\_\_\_\_\_  
**Signature of Witness 1**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Witness 2**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date