

**BINDING DEATH BENEFIT NOMINATION**

**THE BILL SLATER SUPERANNUATION FUND**

I, William Slater of 223 Pitt Town Road PITT TOWN NSW 2756 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:

*\*  
Please  
complete*

NAME	% OF BENEFIT
Denise Sharon Slater	100%
Total	100%

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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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 Funds 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.

*XND*  
*W. Slater*  
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WILLIAM SLATER

*21/10/15*  
-----  
Date

**Witness Declaration**

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

*H. Owen*  
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Signature of Witness 1

*21/10/15*  
-----  
Date

*Kelly Scott*  
-----  
Signature of Witness 2

*21/10/15*  
-----  
Date

