

Campbell Superannuation Fund

NON-LAPSING BINDING DEATH BENEFIT NOMINATION

Member's Nomination:

I, **Fiona Stella Marie Campbell**
of **7 Tabitha Ave, Paralowie SA 5108**
being a member of **Campbell Superannuation Fund**

HEREBY REVOKE all previous binding death benefit nominations made by me in relation to the above superannuation fund and NOMINATE the person/s at BENEFICIARY A (being my estate and/or my dependants) as my "Beneficiary/ies" in respect to my interest in the Fund whether held as a Member's accumulation or as a superannuation income stream ("Benefit").

I acknowledge my understanding that this Nomination will be binding on the Trustee and will not lapse by the passing of time.

BENEFICIARY A:

Name of Beneficiary/ies	Relationship (must be either a spouse, child, dependent)	% of Benefit (must add up to 100%)
NOEL CAMPBELL	SPOUSE	100 %

If a person/s nominated at BENEFICIARY A does not survive me by thirty (30) days OR is no longer a valid dependant at the time of death in accordance with the definition contained within the Superannuation Industry Supervision Act 1993, I hereby direct the Trustees of the Fund to pay the remainder of my death benefit which is not payable to the beneficiary/ies nominated at BENEFICIARY A to the person/s nominated at BENEFICIARY B.

(If BENEFICIARY A is 100% payable to the member's estate then BENEFICIARY B does not need to be completed)

BENEFICIARY B:

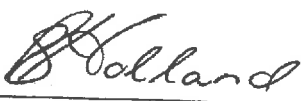
Name of Beneficiary/ies	Relationship (must be either a spouse, child, dependent)	% of Benefit (must add up to 100%)
PETER BENNETT	SON	50%
ALISHA BENNETT	DAUGHTER	50%

X



Signature of Nominating Member: Fiona Campbell

09/06/2014
Date

X 

Signature of Witness

Signed in my presence by Nomination Member who is either personally known to me or has satisfied me to his or her identity. I confirm that I am not a nominated person under this Nomination

9/6/14
Date

GEORGINA ANN HOLLAND
Print full name of witness



Signature of Witness

Signed in my presence by Nomination Member who is either personally known to me or has satisfied me to his or her identity. I confirm that I am not a nominated person under this Nomination

9/6/14
Date

CHRISTOPHER STEVEN HARRIS
Print full name of witness

Trustee Acknowledgement, Consent & Agreement:

We, the persons who constitute the trustee / the directors of the trustee of the Fund as at the date of this Nomination hereby acknowledge, consent and agree to be bound by this Nomination made by the Nominating Member:

X




Signature of Trustee/Director of the Trustee: Noel Campbell

12/06/2014

Date

X



Signature of Trustee/Director of the Trustee: Fiona Campbell

12/06/2014

Date

Disclaimer

Exelsuper Pty Ltd is confined to providing professional technical support and administration of Self Managed Superannuation funds incorporating accumulation and pension accounts and to provide assistance to Trustees of Self Managed Super Funds in their duties to comply with SIS legislation. Exelsuper Pty Ltd is not licensed to advise you on legal matters such as estate planning and accepts no responsibility for legal action resulting from invalid nominations. Whilst every care has been taken in assisting the trustees to implement a valid nomination, it is the Trustees duty to ensure that all binding nominations are valid and lawful. We therefore recommend that you consult a legal practitioner in relation to your wills, estate planning and Non Lapsing Binding Death Benefit Nominations. Exelsuper Pty Ltd is happy to provide a referral for such advice.