

## Campbell Superannuation Fund

### NON-LAPSING BINDING DEATH BENEFIT NOMINATION

**Member's Nomination:**

I, **Noel Phillip 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 <small>(must be either a spouse, child, dependent)</small>	% of Benefit <small>(must add up to 100%)</small>
FIONA 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 <small>(must be either a spouse, child, dependent)</small>	% of Benefit <small>(must add up to 100%)</small>
PETER BENNETT	SON	50 %
ALISHA BENNETT	DAUGHTER	50 %

X   
Signature of Nominating Member: Noel Campbell

09/06/2014  
Date

X   
Signature of Witness 9/6/14  
Date

X   
Signature of Witness 9/6/14  
Date

- Signed in my presence by Nominating 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

GEORGINA ANN HOLLAND  
Print full name of witness

- Signed in my presence by Nominating 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

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**

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