INITIAL HERE

## **SCHEDULE 2**

## **Myers Super Fund**

Direction to Trustee

## **BINDING DEATH BENEFIT NOMINATION**

To: The Trustee(s)

of the Myers Super Fund ("Fund")

- 1. I revoke all previous binding death benefit nominations.
- 2. Pursuant to the provisions of Rule 11 of the Trust Deed of the Fund, I Michael Myers of Unit 3 59 Eagle St Alderley QLD 4051, being a Member of the Fund, hereby direct the Trustee for the time being of the Fund to pay my Death Benefit on or after my death to the following persons and in the following manner and proportions indicated below:

| Nominated Beneficiaries                            | 6   |      |  |
|--|---|------|--|
| Name:  | Sophie Elizabeth Daniel   |      |  |
| Relationship to me:                                | Spouse  |      |  |
|  | Lump Sum Account Based Pension  | 100% |  |
| Type of Benefit<br>Amount/Proportion of<br>Benefit | Account Based Pension  As Lump Sum and/or Superannuation Income Stream in part or full as determined by Nominated Beneficiary | %    |  |

## Notes:

- (i) This Notice must be signed and dated by Michael Myers in the presence of 2 witnesses, being persons:
  - (a) Each of whom has turned 18; and
  - (b) Neither of whom is a Nominated Beneficiary.
- (ii) Unless revoked by {2}, this Notice is Non-Lapsing and shall not cease.
- 3. In the event that my Nominated Beneficiary or Beneficiaries referred to above shall fail to survive me for a period of thirty (30) days I direct the trustee to pay or transfer that predeceased Beneficiary's share of my Death Benefit to the Legal Personal Representative of my estate to be dealt with in accordance with my last Will.

4. I acknowledge that this Binding Death Benefit Nomination is made in accordance with Rule 11 of the Governing Rules of the Myers Super Fund and that if this nomination is not made and completed correctly the trustee shall treat this nomination as a Non-Binding Death Benefit Nomination.

| Dated: /8 day of                               | Taniary      | 20 ∲8     | DATE HERE |
|--|--------------|-----------|-----------|
| SIGNED by Michael Myers in the presence of the | )            |           |           |
| following witnesses who each declare that this | 5 )          |           |           |
| document was signed by the Member in their     | r )          |           | SIGN HERE |
| presence:                                      | )            | Male      |           |
|  | Signature    | 4         |           |
| Signature of Witness                           | Signature of | f Witness |           |
| AIRTON ZANGCEE                                 | E T          | DR 15COCC | WITNESS   |