

DEATH BENEFIT NOMINATION

M COOLEY SUPER FUND

I, **Michael Cooley**, being a member of the above Fund make the following nomination in relation to the distribution of my superannuation benefits in the event of my death, and request the Trustees of the Fund to act accordingly:

☒ **Option 1: Single Tier Nomination - Complete Table 1 or Table 2**

☐ **Option 2: Two Tier Nomination - Complete Table 1 and Table 2**

TABLE 1

I require the Trustees to pay all (100%) of my death benefits to the following beneficiary:

Full name of beneficiary	Relationship to you	Date of birth
LENA TOEPAN COOLEY	WIFE	22/03/1980

TABLE 2

I require the Trustees to pay all (100%) of my death benefits to the following beneficiaries (if Option 2 was selected above, then this nomination applies only in the event that the beneficiary listed in Table 1 does not survive me):

Full name of beneficiary	Relationship to you	Date of birth	% of Benefit
			%
			%
			%
Legal Personal Representative			%
Total (must equal 100% to be a valid nomination)			100%

**if any of the beneficiaries in Table 2 do not survive me, their share is to be split equally between the surviving beneficiaries*

I understand that this nomination can be either binding or non-binding upon the Trustee, and that in the case of non-binding, the Trustee does not have to follow my nomination. I have indicated by marking the box below (☐) whether this nomination is to be binding or non-binding upon the Trustee:

☒ **Binding**

☐ **Non-Binding**

I understand:

- that I am entitled to revoke the nomination, in whole or in part, at any time; and
- that the Trustee must comply with the requirement of the Superannuation Industry (Supervision) Act and Regulations when determining payment of my entitlement under the Fund.

Signature of Member: Michael Cooley
Michael Cooley

Date: 9/8/2016

DECLARATION BY WITNESS

This declaration need only be completed if this nomination is binding on the Trustee.

There must be 2 witnesses both over the age of 18 and neither mentioned as a beneficiary in this notice.

I declared that this notice was signed by the above member in my presence.

Signature [Signature]

Name: CLAU GIBBINS.

Address: 808/8 HURWORTH ST,
BOWEN HILLS, QLD
4006.

Date: 9/08/16.

I declared that this notice was signed by the above member in my presence.

Signature [Signature]

Name: Matthew Cullen

Address: 8 Eridani Court
Thornlands QLD 4164

Date: 9/8/16