

**BINDING DEATH BENEFIT NOMINATION**

**THE METCALF SUPERANNUATION FUND**

I, Clive Thomas Metcalf of Lot 182, Jones Street, DOWERIN, WA, 6461 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:

NAME		% OF BENEFIT
PATRICA ANN METCALF		100%
	Total	

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unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the member has stipulated otherwise;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

  
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Clive Thomas Metcalf

27/10/21  
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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.

  
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Signature of Witness 1

27/10/21  
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Date

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Signature of Witness 2

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Date

**BINDING DEATH BENEFIT NOMINATION**

**THE METCALF SUPERANNUATION FUND**

I, Patrica Ann Metcalf of Lot 182, Jones Street, DOWERIN, WA, 6461 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:

NAME		% OF BENEFIT
CLIVE THOMAS METCALF		100%
	Total	

I understand that:

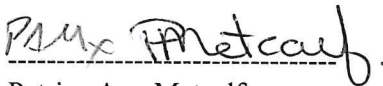
I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;

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.



Patrica Ann Metcalf

27/10/21

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.



Signature of Witness 1

27/10/21

Date

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Signature of Witness 2

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Date