

BINDING DEATH BENEFIT NOMINATION (use only with DBA Lawyers' governing rules)

This Binding Death Benefit Nomination (**BDBN**), when completed, will bind the trustee as to how to pay your death benefit. Please read the SMSF Memo before completing this BDBN.

We strongly recommend that you contact your adviser and your lawyer before completing this BDBN. If this document is inappropriately or incorrectly completed, significant negative implications can arise.

SUPERANNUATION FUND DETAILS

Name: Ian & Kate McIntosh Superannuation Fund ('Fund')

TRUSTEE DETAILS

Name: Janadel Pty Ltd ('Trustee')

Address: 113 Tucks Road MAIN RIDGE VIC 3928

MEMBER DETAILS

Name: Ian Wilmot Mcintosh ('Member')

Address: 113 Tucks Road MAIN RIDGE VIC 3928

BINDING DEATH BENEFIT NOMINATION DETAILS

I, the Member, revoke and terminate all of my prior BDBNs, death benefit agreements and binding and non-binding directions or instructions relating to death benefits payable due to my membership in the Fund and declare this to be my last BDBN. This BDBN is binding on the Trustee. I **DIRECT, BIND and COMPEL** the Trustee, or any other company or natural person(s) that is the trustee of the Fund at or after the date of my death, to pay any and all benefits that may be payable in respect of my membership of the Fund (**My Benefit**) on my death as follows:

(Please complete this box. The directions in this box are referred to as the First Tier Directions)

To my Dependants named below	Share of My Benefit (specify %)
Katherine Anne Mcintosh - Spouse	100%
AND:	
My Legal Personal Representative ('LPR') (ie, my estate).	
TOTAL:	100%

AND:
(BDBN continues next page)





Signature of Member Optional: Signature of Witness 1 Optional: Signature of Witness 2

BINDING DEATH BENEFIT NOMINATION (continued)

SECOND TIER DIRECTIONS

To the extent that the First Tier Directions do not deal with 100% of My Benefit (including by reason of any of the Dependants named above predeceasing me and/or by reason of the First Tier Directions not totalling 100%), **I DIRECT, BIND and COMPEL** the Trustee to follow the direction below in relation to that part of My Benefit that is not dealt with by the First Tier Directions ('Residual Benefit'):

*(Please tick **one** of the boxes below — if no box is ticked or more than one box is ticked, option 3 applies)*

Option 1:

pay the Residual Benefit as follows:

To my Dependants named below	Share of Residual Benefit (specify %)
TOTAL:	100%

Option 2:

pay the Residual Benefit to my LPR

Option 3:


treat the Residual Benefit **at its discretion**, in accordance with the Fund's governing rules while taking into consideration whom I wish to benefit as expressed in this document

Automatically reversionary pension(s) to spouse — OPTIONAL — please tick box below, if desired

In relation to this BDBN, to the extent that my Spouse will benefit under this BDBN, I DIRECT, BIND and COMPEL the Trustee that, in relation to each Account-Based Pension and Transition to Retirement Income Stream that I am receiving just before my death (**Income Stream**), the Income Stream automatically reverts upon my death to my Spouse as an Automatically Reversionary Pension (to the extent allowable under the Standards). This BDBN forms part of the governing rules of the Income Stream to the extent required for the Income Stream to be an Automatically Reversionary Pension.

To the extent that the directions in this BDBN do not deal with 100% of My Benefit, I direct the Trustee to treat that part of My Benefit at its discretion, in accordance with the Fund's governing rules while taking into consideration whom I wish to benefit as expressed in this document. The terms in this BDBN have the same meanings as the terms in the Fund's governing rules at the date of making this BDBN. This BDBN is non-lapsing and lasts indefinitely unless revoked.


Signature of Member


Optional: Signature of Witness 1


Optional: Signature of Witness 2

BINDING DEATH BENEFIT NOMINATION (continued)

EXECUTION (can occur via Technology)

I have signed this BDBN this 9th day of NOVEMBER 2021

Signed by the MEMBER: IAN WILMOT MCINTOSH [Signature]

(OPTIONAL — Failure to have your signature witnessed by one or more witnesses does not affect the effectiveness of your BDBN. However, having appropriate persons witness you make your BDBN is nevertheless strongly recommended. You should seek advice if unsure.)

WITNESS 1

WITNESS 2

I declare that I:

I declare that I:

- am over 18 years of age;
do not benefit under the Member's BDBN;
am not an LPR of the Member; and
witnessed the Member make their BDBN.

- am over 18 years of age;
do not benefit under the Member's BDBN;
am not an LPR of the Member; and
witnessed the Member make their BDBN.

Signature: [Signature]

Signature: [Signature]

Full Name: MANDAR GOKHALE

Full Name: SOPHIE GOSPER

Home Address: 3 MOONRISE CL WATERWAYS, 3195

Home Address: 8 DAIMLER CT MCCRAE, VIC

Occupation: DOCTOR

Occupation: NURSE

(OPTIONAL — Failure to execute the below does not affect the effectiveness of this BDBN. However, under your prior BDBN or similar arrangement, you may have to provide this document to the trustee to revoke the prior BDBN or similar arrangement. You should seek advice if unsure.)

Signed on behalf of the TRUSTEE as confirmation and acceptance of this BDBN and any revocation of any prior BDBN or binding nomination, agreement or arrangement:

Signature of any trustee or director of the trustee