

# EA Superannuation Fund Death Benefit Nomination

COMPLETE THIS FORM TO NOMINATE WHO SHOULD RECEIVE YOUR SUPERANNUATION BENEFITS ON YOUR DEATH. THIS NOMINATION IS ON THE TRUSTEE.

## FUND AND MEMBER DETAILS

Fund Name:	EA Super Fund
Member Name:	Eugene Amorosi
Member Address:	19 B Angas Road, Magill, South Australia 5072

## NOMINATION MADE TO

EA Superannuation Pty Ltd of 19B Angas Road, Magill, South Australia, 5072 as trustees of EA Super Fund which is a self-managed superannuation fund as defined in the *Superannuation Industry (Supervision) Industry Act 1993 (Cth)* ('the SIS Act').

## MY NOMINATION

I hereby request the Trustee to pay my superannuation benefit payable, in event of my death, to the person(s) nominated below.

Beneficiary Name	Address of Beneficiary (LPR – Legal Personal Representative (Estate)) does not require an address	Beneficiary's Relationship to Member	% of Total
Valerie Nicole Amorosi	19B Angas Rd Magill SA 5072	Wife	100%
<b>Total</b>			<b>100%</b>

## DECLARATION & ACKNOWLEDGEMENT

- I acknowledge that this Nomination is made in accordance with the Commissioner's view set out in SMSFD 2008/3 that the statutory requirements in subsection 59(1A) of the SIS Act and regulation 6.17A of the SIS Regulation have no application to self-managed superannuation funds.
- I acknowledge that the requirements in the *Superannuation Industry (Supervision) Act* and the *Superannuation Industry (Supervision) Regulations 1994 (Cth)* have been satisfied notwithstanding Rule/Clause of the fund Deed does not require the Nomination to comply with the requirements in the SIS Regulations.
- I acknowledge that each of the persons mentioned in this Nomination is my spouse, child, financial dependant and/or my legal personal representative.
- I acknowledge that this Nomination is intended to be effective until and unless the nomination is later revoked by me.
- I have signed this Nomination in the presence of two witnesses (who are not a nominee on this Binding Death Benefit Nomination) both of whom are over the age of 18.
- This nomination replaces any pre-existing nominations I currently have with this fund.

  
Eugene Amorosi

31/01/2020

Date

## WITNESS DECLARATION

I declare that:

- I am a person over 18 years;
- I am not a person mentioned in this Binding Death Benefit Nomination; and
- The Member signed this Binding Death Benefit Nomination in my presence and in the presence of the other witness.

Witness 1:

Full Name: Adrian Paul Crowley

Address: 19B Angas Rd Magill SA 5072

  
Signature

Date: 31/01/2020

Witness 2:

Full Name: Anthony Amorosi

Address: PO Box 400 Greenacres SA 5086

  
Signature

Date: 31/01/2020

# **EA SUPER FUND**

Investment Strategy  
1 July 2019