

NON-LAPSING BINDING NOMINATION



LYNCH SUPERANNUATION FUND

BINDING NOMINATION (NON-LAPSING)

To: The Trustees

MEMBER DETAILS

Surname: LYNCH Given Names: MICHAEL PATRICK
 Address: 6/88 BOLSENA CIRCUIT
 Suburb: HOPE ISLAND State: QLD P/Code: 4212
 Date of Birth: 14/03/1951 Sex (M/F): MALE

NEW NOMINATION



Please pay my entire benefit in accordance with the following table.

BENEFICIARY DETAILS

In the event of my death, please pay all benefits in accordance with the following directions:

TO MY:	AS A: (Options include: Pension, Lump Sum, or Beneficiary Choice, except for Non-Dependant Children and Estate, where option is Lump Sum only)	ORDER OF PRIORITY OR PERCENTAGE
Spouse		100%
Dependant Children		
Non-Dependant Children		
Estate		

* Where indicating an Order of Priority, place a number in this column. For example, placing a number "1" beside an option means that the Trustee will try to distribute in accordance with this option first. If it is not possible to meet the criteria of option "1" (eg. Because a beneficiary in that category has predeceased the Member), the Trustee will attempt to distribute in accordance with option "2", and so on. It is not necessary to complete more than one option.

Where indicating a percentage, ensure that the sum of all percentages add to 100% and that the "%" symbol is used. In the event that the sums add to less than 100%, the nomination is still valid in respect of the percentages and beneficiaries indicated.

DECLARATION

I am a member, or I have applied to become a member, of LYNCH SUPERANNUATION FUND. This Binding Nomination applies only to my interests in this superannuation fund.

I confirm that I understand that:

- if this nomination is valid at the time of my death, the trustee must pay the benefits to the persons and in the manner in which I have directed and if this nomination is not valid or is not received by the Trustee, my death benefit may be paid at the Trustee's discretion;
- this nomination will not lapse and will continue unless amended or revoked;
- if I cease to be a member of LYNCH SUPERANNUATION FUND, I understand that this nomination ceases to have effect;
- each of the beneficiaries listed above must be my spouse, child, financial dependant, interdependent or the executor of my estate;
- I may cancel this nomination at any time.



Signature

Date: 03 / 06 / 15

I witnessed the signing of this nomination by the person whose signature appears above and declare that I am over 18 years of age.

Witness 1.



Signature

Date 03 / 06 / 15

Print Name

ROBERT BLACK,

Print Address

6187. BOLSEMENT CIRCUIT
HOPE ISLAND

I witnessed the signing of this nomination by the person whose signature appears above and declare that I am over 18 years of age.

Witness 2.



Signature

Date

03 | 06 | 15

Print Name

MICHAEL JOSEPH MALONEY

Print Address

5 STUBLEY ST.
WAVELL HEIGHTS.

CANCEL A CURRENT NOMINATION

Please cancel my current nomination and pay benefits in accordance with the above (where Beneficiary details are completed) or at the Trustee's discretion (where Beneficiary details are not completed).