

NOTICE TO TRUSTEE BY MEMBER

To the Trustees of

THE G & MS LAKIN  
SUPERANNUATION FUND

I (member's name)

MARCIÉ JO LAKIN.

hereby advise that my Membership Number in the above Fund is \_\_\_\_\_, and

1. NOMINATION RE TYPE OF BENEFIT PAYMENT: I hereby notify you that I require that my benefit entitlement, when payable, be applied in the following form and proportions:

TOWARDS THE PAYMENT OF A LUMP SUM: 100 %

TOWARDS THE PAYMENT OF A PENSION: \_\_\_\_\_ %

2. NOMINATION OF BENEFICIARY: I hereby notify you that I require that my benefit entitlement, in the event of my death before it is payable, be paid to my beneficiaries as nominated below and in the proportions nominated below:

Name: GARY LAKIN 100 %

Address: PO BOX 461 CORDON NSW 2072

Relationship: HUSBAND MOB: 0400808504

Name: \_\_\_\_\_ %

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. NOMINATION OF NEW ADDRESS: The following is my new address:

\_\_\_\_\_  
\_\_\_\_\_

The above nomination(s) replace any previous nomination(s) I may have given.

Nomination(s) categories left blank have been crossed out.

Date: 13.04.17

SIGNATURE:

Marcie Lakin