

# Death Benefit Nomination

This document is a pro forma document only. Professional advice should be obtained before signing this document.

**Name of Fund:** Springfield Retirement Fund

**Member Name:** William Edmund Bennit

**Address:** 192 Emerald Road, MANJIMUP WA 6258

**Date of Birth:** 20th August 1946

I, the Member named above, direct the Trustee of the Fund to pay any benefit in respect of my membership of the Fund following my death ("Benefit") in accordance with this Nomination.

## 1. Revocation

I revoke any previous binding or non-binding nominations.

## 2. Binding or Non-Binding (Please mark the applicable box)

### 2.1 Binding

This Nomination is binding on the Trustee.

**OR**

### 2.2 Non-binding

This Nomination is not to be binding on the Trustee and the Trustee is under no obligation to comply with it, but may, in exercising its discretion, take into account this Nomination.

## 3. Duration of Nomination

Unless amended or revoked, this Nomination does not lapse or expire unless I have specified otherwise below by marking the applicable box.

This Nomination:

is revoked if I revoke it in accordance with the Trust Deed

**OR**

does not lapse

**OR**

lapses on \_\_\_\_\_  
(date)

**OR**

expires in the event that \_\_\_\_\_  
(eg 'if value of super fund is \$X', or 'Y person predeceases me')

**4. Nominee(s)**

Name of nominee beneficiaries	Relationship (Specify: spouse, child, interdependency relationship, financially dependant, or Legal Personal Representative of my deceased estate)	DOB	Amount of Benefit (% or \$ or remainder of Benefit)	Manner of Payment: Lump Sum or Pension* (Optional)
ELAINE STEELE	WIFE	20/8/1952	100%	<input checked="" type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)

*\*If no manner of payment is specified, the Trustees of the Fund have the discretion to pay my Benefit as one or more lump sums or as a pension.*

**5. Redistribution** (Please mark the applicable box)

Not Applicable

**OR**

If any person nominated above dies before me, I direct the Trustee to distribute the Amount allocated to that person as follows:

**6. Remainder of Benefit**


To the extent this Nomination does not deal with 100% of my Benefit, the Trustee may, in its discretion, treat any amount not so dealt with in accordance with the Trust Deed.

**7. Reversionary Pension**

This Nomination does not alter any reversionary pensioner's entitlement.

**8. Acknowledgement**

I acknowledge that the nominees are my dependants for the purposes of the *Superannuation Industry (Supervision) Act 1993*, being a spouse, child, person who is financially dependent on me, or a person with whom I am in an interdependency relationship, or my legal personal representative.


XWE  
Signature of Member: 

Date: 3/3/22

**Witnesses**

We declare that:

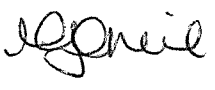
- this Nomination was signed by the Member in our presence;
- we are aged 18 or more; and
- we are not nominated as beneficiaries.

Signature of Witness: 

Date: 3/3/22

Print Name of Witness: Daniel E Carter

Occupation: Accountant

Signature of Witness: 

Date: 3/3/22

Print Name of Witness: Naomi O'Neil

Occupation: office manager

# Death Benefit Nomination

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**Name of Fund:** Springfield Retirement Fund

**Member Name:** Diane Elizabeth Bennit

**Address:** 7/98 Canning Road, KALAMUNDA WA 6076

**Date of Birth:** 21st April 1941

I, the Member named above, direct the Trustee of the Fund to pay any benefit in respect of my membership of the Fund following my death ("Benefit") in accordance with this Nomination.

## 1. Revocation

I revoke any previous binding or non-binding nominations.

## 2. Binding or Non-Binding (Please mark the applicable box)

### 2.1 Binding

This Nomination is binding on the Trustee.

**OR**

### 2.2 Non-binding

This Nomination is not to be binding on the Trustee and the Trustee is under no obligation to comply with it, but may, in exercising its discretion, take into account this Nomination.

## 3. Duration of Nomination

Unless amended or revoked, this Nomination does not lapse or expire unless I have specified otherwise below by marking the applicable box.

This Nomination:

is revoked if I revoke it in accordance with the Trust Deed

**OR**

does not lapse

**OR**

lapses on \_\_\_\_\_  
(date)

**OR**

expires in the event that \_\_\_\_\_  
(eg 'if value of super fund is \$X', or 'Y person predeceases me')

**4. Nominee(s)**

Name of nominee beneficiaries	Relationship (Specify: spouse, child, interdependency relationship, financially dependant, or Legal Personal Representative of my deceased estate)	DOB	Amount of Benefit (% or \$ or remainder of Benefit)	Manner of Payment: Lump Sum or Pension* (Optional)
ESTATE OF DIANE BENNITT	LPR OF DECEASED ESTATE		100%	<input checked="" type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)
				<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension (if allowable)

*\*If no manner of payment is specified, the Trustees of the Fund have the discretion to pay my Benefit as one or more lump sums or as a pension.*

**5. Redistribution** (Please mark the applicable box)

Not Applicable

**OR**

If any person nominated above dies before me, I direct the Trustee to distribute the Amount allocated to that person as follows:

**6. Remainder of Benefit**

To the extent this Nomination does not deal with 100% of my Benefit, the Trustee may, in its discretion, treat any amount not so dealt with in accordance with the Trust Deed.

**7. Reversionary Pension**

This Nomination does not alter any reversionary pensioner's entitlement.

**8. Acknowledgement**

I acknowledge that the nominees are my dependants for the purposes of the *Superannuation Industry (Supervision) Act 1993*, being a spouse, child, person who is financially dependent on me, or a person with whom I am in an interdependency relationship, or my legal personal representative.

Signature of Member: Jane Bennett Date: 14.2.22

**Witnesses**

We declare that:

- this Nomination was signed by the Member in our presence;
- we are aged 18 or more; and
- we are not nominated as beneficiaries.

Signature of Witness: B Woodgate Date: 14/2/22

Print Name of Witness: BRADLEY WOODGATE Occupation: ACCOUNTANT

Signature of Witness: Naomi O'Neil Date: 14.2.22

Print Name of Witness: NAOMI G O'NEIL Occupation: OFFICE MANAGER