

## BINDING DEATH BENEFIT NOMINATION

This Binding Death Benefit Nomination ('BDBN'), when completed, will bind the trustee as to how to pay your death benefits. Please read section 17.6 of the PDS and Memo before completing this BDBN. It is recommended that this BDBN be approved by the Trustee as soon as possible after execution and that it is stored securely with your will and other important documents.

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

### SUPERANNUATION FUND DETAILS

Name: G.T. Steele Family Pty Ltd ATF Steele Family Super Fund ('Fund')

### TRUSTEE DETAILS

Name: GREGORY JOHN STEELE ('Trustee')  
 Address: 21 WOODGLEN COURT, SAMFORD VALLEY QLD 4520.

### MEMBER DETAILS

Name: GREGORY JOHN STEELE ('Member')  
 Address: 21 WOODGLEN COURT, SAMFORD VALLEY QLD 4520

### BINDING DEATH BENEFIT NOMINATION DETAILS

I, the Member, revoke all of my prior binding and non-binding death benefit nominations 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 ('Member Benefit') on my death as follows:

(Please complete box below)


**My Specified Dependants**

Specified Dependant Details (including full name, address, occupation and relationship to member)	Share of Member Benefit%
THERESE STEELE, 21 WOODGLEN COURT, SAMFORD VALLEY QLD 4520, Home Duties & Spouse.	100
<b>AND/OR:</b>	
My Legal Personal Representative ('LPR') (ie, your estate).	
<b>TOTAL:</b>	<b>100%</b>

**AND:**

(BDBN continues next page)

  
 \_\_\_\_\_  
 Signature of Member

  
 \_\_\_\_\_  
 Signature of Witness 1

  
 \_\_\_\_\_  
 Signature of Witness 2

**BINDING DEATH BENEFIT NOMINATION (continued)**

(OPTIONAL — Please tick box below, if appropriate)

**I DIRECT, BIND and COMPEL** the Trustee to pay any superannuation income stream (ie, pension) payable at the date of my death automatically upon my death as an Account-Based Pension to the Specified Dependant(s) above (to the extent allowable under superannuation law, ie, the Standards).

**AND:**

(Please tick **one** of the boxes below)

To the extent that this BDBN does not deal with 100% of my Member Benefit (including by reason of any of the Specified Dependents above predeceasing me), **I DIRECT, BIND and COMPEL** the Trustee to:

treat my Member Benefit, **in its discretion**, in accordance with the Fund's governing rules whilst taking into consideration whom I wish to benefit as expressed herein.

OR

pay my Member Benefit to my **LPR**.

If I have not chosen either of the above options, I accept the first option as my default choice.

(Please tick box below if BDBN is to expire after three years.)


If this box is ticked, this BDBN will expire in three years from the date of execution. Otherwise, this BDBN is non-lapsing and lasts indefinitely unless revoked.

The terms in this BDBN have the same meaning as those defined in the Fund's governing rules.

**EXECUTION**

I have signed this BDBN this 23 day of APRIL 2014

Signed by the **MEMBER** in the presence of us )  
 both being present at the same time who at the )  
 Member's request and in the Member's )  
 presence and in the presence of each other )  
 have signed as witnesses: )

  
 \_\_\_\_\_  
 Signature of Member

**WITNESS 1**

I declare that I:

- am over 18 years of age;
- do not benefit under this BDBN; and
- was present when the member signed this BDBN.

Signature:  \_\_\_\_\_

Full Name: MELISSA JEAN MILWARD

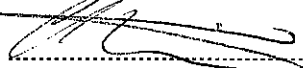
Home Address: 16 COOMAROO ST  
DURACK Q 4077

Occupation: CLIENT SERVICE MANAGER

**WITNESS 2**

I declare that I:

- am over 18 years of age;
- do not benefit under this BDBN; and
- was present when the member signed this BDBN.

Signature:  \_\_\_\_\_

Full Name: Callum Mitchell

Home Address: 5 Crusade Court  
Coopers Waters 4209

Occupation: Financial planner

(OPTIONAL — Failure to execute the below does not affect the validity of this BDBN)

Signed on behalf of the **TRUSTEE** as )  
 confirmation that the Trustee has confirmed )  
 and accepted this BDBN: )

  
 \_\_\_\_\_  
 Signature of Trustee