

## 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: SUNDERASAN FAMILY SUPER FUND ..... ('Fund')

### TRUSTEE DETAILS

Name: KLVS Pty Ltd ..... ('Trustee')

Address: 23 Deakin Street, West Ryde, NSW 2114 .....

### MEMBER DETAILS

Name: Ganapathy Sunderasan ..... ('Member')

Address: 23 Deakin Street, West Ryde, NSW 2114 .....

### 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.

I **DIRECT** 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 benefit that may be payable in respect of my membership of the Fund ('Member Benefit') on my death as follows:

*(Please complete box below, as appropriate)*

#### My Dependants

Name	Address	Occupation	Relationship to member	Share of Member Benefit%
Vidhya Sunderasan	23 Deakin Street West Ryde, NSW 2114	Correspondence Officer	Wife	100 %

AND/OR:

My Legal Personal Representative ('LPR') (ie, your estate)

**TOTAL:** **100%**

AND:

*(BDBN continues next page)*

**BINDING DEATH BENEFIT NOMINATION (continued)**

(OPTIONAL)

- Tick to bind the Trustee to pay any benefits nominated above automatically upon your death as an Account-Based Pension to the specified Dependant(s) (to the extent allowable under superannuation law, ie, the Standards).

**AND:**

*Tick one of the boxes below, as appropriate.*

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

- treat my Member Benefit, in its discretion, in accordance with the Fund's governing rules.
- 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.

- Tick for this BDBN to expire in three (3) years. Otherwise, this BDBN is non-lapsing and lasts indefinitely.

The terms used in this BDBN are identical to those in the Fund's governing rules.

**EXECUTION**

I have signed this BDBN this 31st day of July 2012

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: )

G. Sunderasan  
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: [Signature]

Full Name: LAKSHMI SUNDERASAN

Home Address: 28/106-116 ELIZABETH ST ASHFIELD 2131

Occupation: DOCTOR

**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: [Signature]

Full Name: KARTHIK SUNDERASAN

Home Address: 7/35-39 DEAKIN ST SILVERWATER 2128

Occupation: STUDENT