

## Davey Superannuation Fund

# Death Benefit Nomination

COMPLETE THIS FORM TO NOMINATE WHO SHOULD RECEIVE YOUR SUPERANNUATION BENEFITS ON YOUR DEATH.  
THIS NOMINATION IS ON THE TRUSTEE.

**Warning: A member of an SMSF can make a death benefit nomination that is a binding direction on the trustee of an SMSF provided that is catered for in the governing rules of the fund and the form is completed correctly. Please ensure you review the Governing Rules of this fund before completing the nomination otherwise, this nomination may be deemed invalid in a court of law.**

**Binding death benefit nominations are legal documents and carry significant risk. We therefore highly recommend that the nomination is reviewed or completed by a Legal Representative.**

### FUND AND MEMBER DETAILS

<b>Fund Name:</b>	Davey Superannuation Fund
<b>Member Name:</b>	Patricia Marie McNamara
<b>Member Address:</b>	80 Primerose Street, Grange Qld 4051

### NOMINATION MADE TO

Davey Super Properties Pty Ltd of PO Box 229, Wilston, Queensland, 4051 as trustees of Davey Superannuation Fund which is a self-managed superannuation fund as defined in the *Superannuation Industry (Supervision) Industry Act 1993* (Cth) ('the SIS Act').

### MY NOMINATION

I hereby request the Trustee to pay my superannuation benefit payable, in event of my death, to the person(s) nominated below.

<b>James Douglas McNamara</b>	<b>80 Primerose Street, Grange Qld 4051</b>	<b>Spouse</b>	<b>100% of Total</b>
<b>Total</b>			<b>100%</b>

### DECLARATION & ACKNOWLEDGEMENT

1. I acknowledge that this Nomination is made in accordance with the Commissioner's view set out in SMSFD 2008/3 that the statutory requirements in subsection 59(1A) of the SIS Act and regulation 6.17A of the SIS Regulation have no application to self-managed superannuation funds.
2. I acknowledge that the requirements in the *Superannuation Industry (Supervision) Act* and the *Superannuation Industry (Supervision) Regulations 1994* (Cth) have been satisfied notwithstanding Rule/Clause of the fund Deed does not require the Nomination to comply with the requirements in the SIS Regulations.
3. I acknowledge that each of the persons mentioned in this Nomination is my spouse, child, financial dependant and/or my legal personal representative.
4. I acknowledge that this Nomination is intended to be effective until and unless the nomination is later revoked by me.
5. I have signed this Nomination in the presence of two witnesses (who are not a nominee on this Binding Death Benefit Nomination) both of whom are over the age of 18.
6. This nomination replaces any pre-existing nominations I currently have with this fund.

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Date

**WITNESS DECLARATION**

I declare that:

1. I am a person over 18 years;
2. I am not a person mentioned in this Binding Death Benefit Nomination; and
3. The Member signed this Binding Death Benefit Nomination in my presence and in the presence of the other witness.

**Witness 1:**

Full Name:

Address:

.....  
Signature

.....  
Date

**Witness 2:**

Full Name:

Address:

.....  
Signature

.....  
Date