

BINDING DEATH BENEFIT NOMINATION FORM

Macarina Super Fund

To: The Trustee of the Macarina Super Fund

I, **David Michael MacDonald**, of 10 Carina Circle, Halls Head, WA 6210:

- 1 revoke all former binding death benefit nominations I have made (if any) in respect of my membership in the Fund and declare this to be my last binding death benefit notice; and
- 2 nominate the following persons to receive all benefits payable in respect of my membership in the Fund on or after my death:

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*
MacDonald	Megan	spouse	100	lump.

If any person nominated in the above table should predecease me, then I direct the Trustees of the Fund to distribute the benefits allocated to that person equally among the remaining nominated persons. If there are no remaining nominated persons at the time of my death, I direct that the Trustees pay my superannuation benefits to the following persons or, if there are no persons nominated in the below table, to my legal personal representative.

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*

* If no Manner of Payment is specified, the Trustees of the Fund will have the discretion to pay the death benefits as one or more lump sums or as a pension.

- 3 I acknowledge that the nominated persons are:
 - (a) my dependants for the purposes of superannuation law being:
 - (i) a spouse
 - (ii) a child;
 - (iii) a person who is financially dependent on me, or
 - (iv) a person with whom I am in an interdependency relationship; or
 - (b) my legal personal representative.

Dated: 12/2/20


David Michael MacDonald

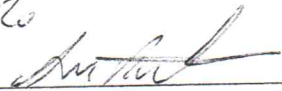
Witness declaration

First witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by David Michael MacDonald in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 12/11/20



Signature of witness

Name of witness (please print)

Stephen Malcolm Birch

Address of witness (please print)

PEEL TAXATION AND ACCOUNTING

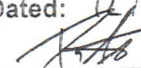
Unit 4/2A Peel Street
Mandurah WA 6210

Second witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by David Michael MacDonald in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 12/9/20



Signature of witness

PHILIP ADLEY

Name of witness (please print)

PEEL TAXATION AND ACCOUNTING

Address of witness (please print)

Unit 4/2A Peel Street
Mandurah WA 6210

Important notice

You should seek legal advice if your personal or financial circumstances change or if you wish to amend or revoke your existing binding death benefit nomination. You should regularly review your binding death benefit nomination to ensure it still matches your circumstances

If you wish to amend or revoke your binding death benefit nomination, the Trustees of the Fund can provide you with a form on request. The form should be witnessed by two people 18 years or over who are not named in the original binding nomination or the subsequent amendment or revocation.

We recommend the date the member signs the form should also be the date the witnesses sign the declaration to ensure the binding death benefit nomination is not challenged.

BINDING DEATH BENEFIT NOMINATION FORM

Macarina Super Fund

To: The Trustee of the Macarina Super Fund

I, **Megan Jane MacDonald**, of 10 Carina Circle, Halls Head, WA 6210:

- 1 revoke all former binding death benefit nominations I have made (if any) in respect of my membership in the Fund and declare this to be my last binding death benefit notice; and
- 2 nominate the following persons to receive all benefits payable in respect of my membership in the Fund on or after my death:

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*
MACDONALD	DAVID	SPOUSE	100	Lump


If any person nominated in the above table should predecease me, then I direct the Trustees of the Fund to distribute the benefits allocated to that person equally among the remaining nominated persons. If there are no remaining nominated persons at the time of my death, I direct that the Trustees pay my superannuation benefits to the following persons or, if there are no persons nominated in the below table, to my legal personal representative.

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*

* If no Manner of Payment is specified, the Trustees of the Fund will have the discretion to pay the death benefits as one or more lump sums or as a pension.

- 3 I acknowledge that the nominated persons are:
 - (a) my dependants for the purposes of superannuation law being:
 - (i) a spouse
 - (ii) a child;
 - (iii) a person who is financially dependent on me; or
 - (iv) a person with whom I am in an interdependency relationship; or
 - (b) my legal personal representative.

Dated: 12/09/2020


Megan Jane MacDonald

Witness declaration


First witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Megan Jane MacDonald in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 12/9/20

Signature of witness



Name of witness (please print)
Stephen Malcolm Birch

PEEL TAXATION AND
ACCOUNTING

Address of witness (please print)

Unit 4/2A Peel Street
Mandurah WA 6210

Second witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Megan Jane MacDonald in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 12/9/20



Signature of witness

PHILIP ADLEY

Name of witness (please print)

PEEL TAXATION AND
ACCOUNTING

Address of witness (please print)

Unit 4/2A Peel Street
Mandurah WA 6210

Important notice

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