

Beneficiary Nomination Form

Important information about your nomination

If you die while you are a member of Mitchell Family Super Fund (**Fund**) the Trustee will pay a death benefit from the Fund to the person(s) and in the proportions nominated by you on the attached form. For this reason it is important that you take time to properly complete this form and update it if your personal circumstances change.

Instructions for completion of form

1. You may make a nomination that is binding on the Trustee.

A binding nomination will be valid:
 - (a) for 3 years; and
 - (b) if signed and dated in the presence of 2 witnesses. The 2 witnesses must be over the age of 18 and neither witness may be nominated in this nomination form.
 2. If you choose not to make a binding nomination, the Trustee will use your nomination as a guide, but reserves the discretion to pay the benefit as the Trustee decides.
 3. It is suggested that you seek advice if you are not sure whether a binding or non-binding nomination will better suit your needs.
 4. By law, you may only nominate dependants or your legal personal representatives. Your dependants are:
 - (a) your spouse (including a de facto spouse);
 - (b) your children (including adult children and any adopted, step or ex-nuptial children);
 - (c) any other person who is wholly or partially financially dependent upon you; or
 - (d) a person:
 - (1) with whom you have a close personal relationship; and
 - (2) with whom you live; and
 - (3) that you provide or provides you with financial support, domestic support and personal care; or
 - (e) a person:
 - (4) with whom you have a close personal relationship but with whom you do not live;
 - (5) that you do not provide or does not provide you with financial support, domestic support or personal care because either or both of you suffer from a physical, intellectual or psychiatric disability.
 5. You may nominate as many dependants and legal personal representatives as you wish. You should provide details of each nominee which are sufficient to enable the Trustee to identify and locate the nominee in the event of your death. If you nominate your legal personal representative the relevant portion of the benefit will be paid into your estate and administered in accordance with your will (if any).
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6. You must specify beside each nominated person's name the percentage of the total benefit which you wish the nominated person to receive (the total of these percentages must equal 100 percent).
7. You must sign and date the form in the space provided.
8. You may change your nominations at any time by completing a new form. If after completing this form you marry or divorce or one of your nominees dies your nomination will be invalid and you should complete a new form.
9. If you do not make a nomination or you do not properly complete this form or your form is invalid, the Trustee will pay the death benefit to any of your dependants and your legal personal representatives in any proportions the Trustee decides.
10. If you do not have any dependants, and a legal personal representative is not appointed to administer your estate at the time of your death, the Trustee may pay your benefit to any one or more of your relatives.

Step 1: Please complete your personal details

Name: James Alfred Mitchell
 Address: 28 Stewart Avenue Vale Park 5081
 Date of Birth: 6th July 1959

Step 2: Please nominate one or more of your dependants and your legal personal representatives (i.e. estate) and indicate how you would like the benefit divided between them.

Name and Address	Proportion of Benefit %	Relationship (i.e. spouse, child)
JANE PATRICIA MITCHELL	100%	WIFE

Step 3: Do you wish this nomination to be binding on the Trustee?

Yes/No

Please sign here:

Signed by
James Alfred Mitchell


J. Mitchell

20/9/2019

Date

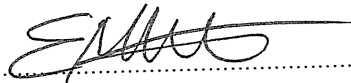
If you wish this nomination to be binding you must sign this nomination in the sight and presence of two witness who are 18 years of age or older and are not nominated in Step 2 above.

Signed above by James Alfred Mitchell, in the sight and presence of:


Witness

David Vannatcello
Name (please print)

20/9/19
Date


Witness

EVA MITCHELL
Name (please print)

20/9/19
Date

Step 5: Please return your original copy to the Trustee.

Remember you should update this form if your personal circumstances change.