

## BINDING DEATH BENEFIT NOMINATION

### GABET Superannuation Fund

I, **Andrea Lee Sheppard** of **32 See Street, BARGARA, QLD 4670** as a Member of the Fund, hereby notify the Trustee of whom to pay my benefits in the Fund to, on or after my death:

Name	Relationship	% of benefit
Garry Robert Sheppard	Husband	100%
<b>Total</b>		<b>100%</b>

I understand that:

- I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;
- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;
- this Nomination is deemed invalid if completed incorrectly; and
- I have nominated persons who are "dependants" as outlined in the Fund's death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.

ASheppard

**Andrea Lee Sheppard**

10 / 6 / 09

Date

#### Witness Declaration

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

Witness 1 KELLY DARRACH Kemp Date: 10 / 06 / 09

Witness 2 AILEEN JONES Date: 10 / 06 / 09

## BINDING DEATH BENEFIT NOMINATION

### GABET Superannuation Fund

I, **Garry Robert Sheppard** of **32 See Street, BARGARA, QLD 4670** as a Member of the Fund, hereby notify the Trustee of whom to pay my benefits in the Fund to, on or after my death:

Name	Relationship	% of benefit
Andrea Lee Sheppard	Wife	100%
<b>Total</b>		<b>100%</b>

I understand that:

- I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;
- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;
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- I have nominated persons who are "dependants" as outlined in the Fund's death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.


  
.....  
**Garry Robert Sheppard**

10 / 06 / 09  
.....  
Date

#### Witness Declaration

We declare that we are aged 18 years or more, not listed as beneficiaries above and this Nomination was signed by the Member in our presence.

Witness 1  Kelly, DARRACH Date: 10 / 06 / 09

Witness 2  AILEEN JONES Date: 10 / 06 / 09