

BINDING DEATH BENEFIT NOMINATION

Complete this form if you wish to nominate who should receive your superannuation benefits on your death, and you want that nomination to be binding on the trustee.

Details of the Fund

Fund Name: Paviotti Super Fund (Fund)

Member Name: Robert William Paviotti (Member)

Member Address: 483 Pine Ridge Road RUNAWAY BAY QLD 4216

Instructions to the Member:

The person or persons nominated must be either a Dependant or Dependents (as defined under the *Superannuation Industry (Supervision) Act 1993* (Cth) and the *Superannuation Industry (Supervision) Regulations 1994* (Cth)) or your legal personal representative (LPR).

Instructions to the Trustee of the Fund:

I hereby revoke all instruments in writing binding the trustee of the Fund to pay benefits arising on my death to a person or persons specified in the instrument, being my LPR and/or one or more of my Dependents and made by me in relation to my benefits in the Fund prior to the date of this nomination.

This binding death benefit nomination will not lapse by reason only of the passage of time.

Primary Beneficiaries

I require the trustee to pay, upon my death, benefits to the person or persons and in the proportions specified below:

Full Name of Primary Beneficiary*	Full Address of Primary Beneficiary (write N/A if the Primary Beneficiary is your LPR)	Primary Beneficiary's Relationship to the Member*	Proportion of Total Member Benefit Payable to the Primary Beneficiary
Donna Maree Paviotti	483 Pine Ridge Road RUNAWAY BAY QLD 4216	Spouse	100%
Total must equal 100%			100%

* If you wish to nominate your LPR, write LPR in this column

Alternate Beneficiaries

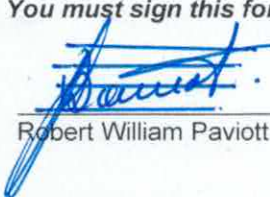
If any of the Primary Beneficiaries predecease me, I require the trustee to pay, upon my death, the part of my death benefit that would otherwise have been payable to the Primary Beneficiary, to the person or persons and in the proportions specified below:

Name of the Primary Beneficiary nominated	Name of the Alternate Beneficiary taking the place of the Primary Beneficiary#	Alternate Beneficiary's Relationship to the Member#	Proportion of the Primary Beneficiary's Benefit Payable to the Alternate Beneficiary
Donna Maree Paviotti	Maxine Maree McGillivray	Child	25%
Donna Maree Paviotti	Catherine Anne Muscat	Child	25%
Donna Maree Paviotti	Julie Anna Flynn	Child	25%
Donna Maree Paviotti	Paul Robert Paviotti	Child	25%

If you wish to nominate your LPR, write LPR in this column

Member to Sign Binding Death Benefit Nomination

You must sign this form below.


 Robert William Paviotti

08 / 10 / 2021
 Date (Please ensure that you date this part of the form)

Witnesses to Binding Death Benefit Nomination

Two independent witnesses must sign this form below.

We declare that the Member signed and dated this form in our presence and that:

- we are each 18 years of age or over; and
- we are neither the Dependants specified above nor legal personal representatives of the Member.


 Signature of Witness

DOMEN RIZZO
 Full Name of Witness

08 / 10 / 2021
 Date (Please ensure that you date this part of the form)


 Signature of Witness

MARK MUSCAT.
 Full Name of Witness

08 / 10 / 2021
 Date (Please ensure that you date this part of the form)