## SCHEDULE 2

Initial:

## Karen Glover Super Fund

Direction to Trustee

## BINDING DEATH BENEFIT NOMINATION

To: The Trustee(s)

of the Karen Glover Super Fund ("Fund")

- 1. I revoke all previous binding death benefit nominations.
- 2. Pursuant to the provisions of Rule 11 of the Trust Deed of the Fund, I Karen Glover of Unit 1 46 Field Ave Edithvale VIC 3196, being a Member of the Fund, hereby direct the Trustee for the time being of the Fund to pay my Death Benefit on or after my death to the following persons and in the following manner and proportions indicated below:

Nominated Beneficiaries			
Name:	Gemma Louise Cashman		
Relationship to me:	Interdependent Relationship		
	Lump Sum	50%	
Type of Benefit Amount/Proportion of Benefit	Account Based Pension	%	
	As Lump Sum and/or Superannuation Income Stream in part or full as determined by Nominated Beneficiary	%	
Name:	Jessica Rose Cashman		
Relationship to me:	Interdependent Relationship		
	Lump Sum	50%	
Type of Benefit Amount/Proportion of Benefit	Account Based Pension	9	
	As Lump Sum and/or     Superannuation Income Stream     in part or full as determined by     Nominated Beneficiary		

## Notes:

- (i) This Notice must be signed and dated by Karen Glover in the presence of 2 witnesses, being persons:
  - (a) Each of whom has turned 18; and
  - (b) Neither of whom is a Nominated Beneficiary.
- (ii) Unless revoked by Karen Glover, this Notice is Non-Lapsing and shall not cease.
- 3. In the event that my Nominated Beneficiary or Beneficiaries referred to above shall fail to survive me for a period of thirty (30) days I direct the trustee to pay or transfer that predeceased Beneficiary's share of my Death Benefit to the Legal Personal Representative of my estate to be dealt with in accordance with my last Will.
- 4. I acknowledge that this Binding Death Benefit Nomination is made in accordance with Rule 11 of the Governing Rules of the Karen Glover Super Fund and that if this nomination is not made and completed correctly the trustee shall treat this nomination as a Non-Binding Death Benefit Nomination.

DATE HE

Dated:

gth

day of

July

20 18

Dateu.		
SIGNED by Karen Glover in the presence of the following witnesses who each declare that this document was signed by the Member in their presence:	) )	Local
Signature of Witness		Signature of Witness
Cassandra Fairy.  Name of Witness		Fiifi Kwansah Aidoo Name of Witness