

NOTICE TO TRUSTEE BY MEMBER

To the Trustees of THE GILMARTIN
SUPERANNUATION FUND

I (member's name) DARRYL GILMARTIN
hereby advise that my Membership Number in the above Fund is _____, and

1. NOMINATION RE TYPE OF BENEFIT PAYMENT: I hereby notify you that I require that my benefit entitlement, when payable, be applied in the following form and proportions:

TOWARDS THE PAYMENT OF A LUMP SUM: 100 %
TOWARDS THE PAYMENT OF A PENSION: _____ %

2. NOMINATION OF BENEFICIARY: I hereby notify you that I require that my benefit entitlement, in the event of my death before it is payable, be paid to my beneficiaries as nominated below and in the proportions nominated below:

Name: Melina Gilmartin 100 %
Address: 44 Pearlth Avenue
Relationship: wife Wheeler Heights
Name: _____ %
Address: _____
Relationship: _____

3. NOMINATION OF NEW ADDRESS: The following is my new address:

The above nomination(s) replace any previous nomination(s) I may have given.

Nomination(s) categories left blank have been crossed out.

Date: 26/03/17 SIGNATURE: 