

Binding non-Lapsing Death Benefit Nomination for Mr Alan David Brown

AD Brown Retirement Fund
C/- Macaplan
PO Box 113
St Leonards NSW 1590

This is to advise you that this nomination revokes any previous nominations made by me.

In the event of my death, the Trustee will pay my death benefit in accordance with this nomination unless I subsequently revoke or amend this nomination.

Beneficiary	Relationship to Me	Date of Birth	% of benefit	\$ Amount	Payment Method
Legal Personal Representative	Legal Personal Representative	N/A	100.0%		Lump Sum (benefit must be paid in this way)

Signed

Alan David Brown



Alan David Brown

Date

26/10/19

Binding Nominations Only

As you have selected a Binding Nomination you MUST have your signature witnessed by 2 people who are not named as beneficiaries and are 18 years of age or older.

I, JOHN WEBSTER OSBORNE [insert full name]

Date of Birth: 15/06/1953 [insert Date of Birth]

declare that I am aged 18 or more, that I am not a beneficiary nominated on this form and that I witnessed the member sign this form in my presence and in the presence of the other witness named below.

WITNESS SIGN

John Webster Osborn

Signature

26/10/2019

Date (must be same date member signs)

I, CRAIG JURATOWITCH [insert full name]

Date of Birth: 22/07/1962 [insert Date of Birth]

declare that I am aged 18 or more, that I am not a beneficiary nominated on this form and that I witnessed the member sign this form in my presence and in the presence of the other witness named above.

WITNESS SIGN

Craig Juratowitch

Signature

26/10/2019

Date (must be same date member signs)