

**DEATH BENEFIT NOMINATION**  
**THE FENG FAMILY SUPER FUND**

I, Zhe Feng, being a member of the above Fund make the following nomination in relation to the distribution of my superannuation benefits in the event of my death, and request the Trustees of the Fund to act accordingly:

- Option 1: Single Tier Nomination - Complete Table 1 or Table 2
- Option 2: Two Tier Nomination - Complete Table 1 and Table 2

**TABLE 1**

I require the Trustees to pay all (100%) of my death benefits to the following beneficiary:

Full name of beneficiary	Relationship to you	Date of birth
Isabella Kiola Feng	Daughter	19.11.2009

**TABLE 2**

I require the Trustees to pay all (100%) of my death benefits to the following beneficiaries (if Option 2 was selected above, then this nomination applies only in the event that the beneficiary listed in Table 1 does not survive me):

Full name of beneficiary	Relationship to you	Date of birth	% of Benefit
			%
			%
			%
Legal Personal Representative			%
Total (must equal 100% to be a valid nomination)			100%

*\*if any of the beneficiaries in Table 2 do not survive me, their share is to be split equally between the surviving beneficiaries*

I understand that this nomination can be either binding or non-binding upon the Trustee, and that in the case of non-binding, the Trustee does not have to follow my nomination. I have indicated by marking the box below () whether this nomination is to be binding or non-binding upon the Trustee:

Binding                       Non-Binding

I understand:

- that I am entitled to revoke the nomination, in whole or in part, at any time; and
- that the Trustee must comply with the requirement of the Superannuation Industry (Supervision) Act and Regulations when determining payment of my entitlement under the Fund.

Signature of Member: \_\_\_\_\_  
 Zhe Feng

Date: 23.06.15

**DECLARATION BY WITNESS**

*This declaration need only be completed if this nomination is binding on the Trustee.  
 There must be 2 witnesses both over the age of 18 and neither mentioned as a beneficiary in this notice.*

I declared that this notice was signed by the above member in my presence.

Signature: \_\_\_\_\_  
 Name: MARK TRUIS  
 Address: 44 CLAYTON ST  
SANDGATE 4017  
 Date: 24/6/15

I declared that this notice was signed by the above member in my presence.

Signature: \_\_\_\_\_  
 Name: J. Biran  
 Address: 11 Geller St,  
Rendon 4065  
 Date: 24/6/15