

KHALIFFA SUPERANNUATION FUND
BINDING DEATH BENEFIT NOMINATION FORM

For this form to be valid:

- It must be signed by two witnesses over 18 who are not listed as beneficiaries on this form
- You and your witnesses must sign and date on the same date, and
- Your total benefit nominations must equal 100%.

Member Details

Name: Belinda Richardson
Date of Birth: 02/04/1974
Address: 32 Clay Pit Road
Bumbaldry, NSW, 2794

Telephone Number:

Email Address:

Make a binding death benefit nomination

Update an existing binding death benefit nomination

Beneficiary Nominations

- Each nominated beneficiary must be your spouse (legal or de facto), child (including adopted, step or ex-nuptial), a person who meets the definition of an interdependent, who is financially dependent on you (identify nature of relationship and nature of interdependency or financial dependency) or your legal representative (e.g. executor of your estate).
- Your total percentage of benefit nominations must add up to 100%. Please nominate to whom you wish your benefits to be paid in the event of your death.

Name	Postal Address	DOB	Relationship	Proportion of Benefit

Member's Declaration

I understand that:

- My beneficiary(ies) must be my spouse, child, financial dependant, an interdependent or a legal representative of my estate at the time of my death.
- My beneficiary(ies) and I will be bound by the provisions of Fund's Trust Deed and Product Disclosure Statement relating to binding death benefit nominations.
- This binding nomination is only valid for three years from the date it was first signed, dated and provided to the Trustee or any confirmation or amendment of it.
- I may at any time cancel or change a binding death nomination notice in accordance with Fund's procedures.
- If your nomination is invalid (for example, it is not correctly signed and witnessed, it is more than three years old and has not been renewed, or any of the people nominated dies before you or no longer falls within one of the permitted categories), the Trustee will use its discretion to determine how your benefit should be paid.
- This declaration must be signed by me in the presence of two witnesses (who are not a nominee on this form) both of whom are over 18.
- This nomination applies to all my benefits within this fund.

Signature of member:

Date:/...../.....

Witness Declaration

I hereby declare that I am aged 18 or more, I am not a beneficiary nominated on this form and the member signed this binding nomination in my presence.

Signature of Witness 1:

Date:/...../.....

Note: must be signed on the same date as the member

Print name:

Date of Birth:/...../.....

Signature of Witness 2:

Date:/...../.....

Note: must be signed on the same date as the member

Print name:

Date of Birth:/...../.....