

RUSS RETIREMENT 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: Date of Birth: Address:	Michael Warrick Russ 15 th January 1955 30 Davey Crescent Seaview Downs SA 5049	
Telephone Numb Email Address:	per:	
Make a binding death benefit nomination X 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.

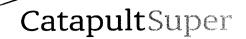
Name	Postal Address	DOB	Relationship	% Proportion of Benefit
Carol Aline Russ or if she predeceases me, then to my legal personal representative		16/03/1958	Spouse	100%
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rember's Declaration

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 non-lapsing until it is amended or revoked. It is valid from the date it is first signed 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, or any 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 mus of whom are over 18 	st be signed by me in the presence of two witnesses (who ar 3.	e not a nominee on this	s form) both
 This nomination app 	lies to all my benefits within this fund.		
Signature of member	: When.	Date:	7,2,2014
Witness Declaration			
l hereby declare that I am a binding nomination in my p	aged 18 or more, I am not a beneficiary nominated on this foresence.	rm and the member sig	ned this
Signature of Witness	1: Diker	Date:	7,2,2014
Note: must be signed	on the same date as the member		
Print name: 5	MANNE LOUISE KERR	Date of Birth:	2611,1952
Signature of Witness	2:	Date:	7,2,2014
Note: must be signed	on the same date as the member		1951
Print name:	OH FAT SAYIN KIZLA	Date of Birth:	26, 11, 2001



RUSS RETIREMENT 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: Date of Birth: Address:	Carol Aline Russ 16 th March 1958 30 Davey Crescent Seaview Downs SA 5049		
Telephone Nun Email Address:			
Make a	binding death benefit nomination Update an existing binding death benefit nomination		
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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
Michael Warrick Russ or if he predeceases me, then to my legal personal representative	30 Davey Crescent Seaview Downs SA 5049	15/01/1955	Spouse	100%
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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 non-lapsing until it is amended or revoked. It is valid from the date it is first signed
 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, or any 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: Land Rem	Date: 7,2,2014
Witness Declaration	
I hereby declare that I am aged 18 or more, I am not a beneficiary nominated on this for binding nomination in my presence.	m and the member signed this
Signature of Witness 1:	Date: 1.1.2.1.2014-
Note: must be signed on the same date as the member Print name: Suz ANGE Louise Keek	Date of Birth: 26/11/1952
Signature of Witness 2:	Date: 7 1 2 1 2 ルルチ
Note: must be signed on the same date as the member Print name: Robins JAMIS Kish	Date of Birth: 26, 11, 1951

