

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: Michael Warrick Russ
 Date of Birth: 15th January 1955
 Address: 30 Davey Crescent Seaview Downs SA 5049

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
Carol Aline Russ or if she predeceases me, then to my legal personal representative	30 Davey Crescent Seaview Downs SA 5049	16/03/1958	Spouse	100%

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:

Robert James Kerr

Date: 7.2.2014

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:

Suzanne Louise Kerr

Date: 7.2.2014

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

Print name:

SUZANNE LOUISE KERR

Date of Birth: 26.11.1952

Signature of Witness 2:

Robert James Kerr

Date: 7.2.2014

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

Print name:

ROBERT JAMES KERR

Date of Birth: 26.11.1951 ✓

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: Carol Aline Russ
 Date of Birth: 16th March 1958
 Address: 30 Davey Crescent Seaview Downs SA 5049

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
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%

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.
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- 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:

Carl Kemp

Date: 7.2.2014

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:

R. Kemp

Date: 7.2.2014

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

Print name:

SUZANNE LOUISE KEMP

Date of Birth: 26.11.1952

Signature of Witness 2:

R. Kemp

Date: 7.2.2014

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

Print name:

ROBERT JAMES KEMP

Date of Birth: 26.11.1951

