Binding death benefit nomination

CARO Superannuation Fund

I, Catherine Wildschut of	5 SOLO COURT, BEACHMERE QLD 4510	as a
Member of the Fund, hereby n	otify the Trustee of whom to pay my benefits in the Fund	to, on
or after my death:		

Name	Relationship	% of benefit
Ronald Wildschut	Husband	100%.
Total		100%

I understand that:

- I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;
- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;
- this Nomination is deemed invalid if completed incorrectly; and
- I have nominated persons who are "dependants" as outlined in the Fund's death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.

Catherine Wildschut	0210710013 Date
Witness Declaration	
We declare that we are aged 18 years or more, not listed as Nomination was signed by the Member in our presence.	beneficiaries above and this
Signature of Witness 1	22 / 7 / 2013 Date
Signature of Witness 2	/

Binding death benefit nomination

CARO Superannuation Fund

I, Ronald Wildschut of	5 SOLO COURT, BEACHMERE QLD 4510	as a Member
of the Fund, hereby notif	y the Trustee of whom to pay my benefits in the	ne Fund to, on or after
my death:		

Relationship	% of benefit
Wife	100 %
-	100%

I understand that:

- I can amend or revoke this Binding Death Benefit Nomination ('Nomination') at any time by lodging a new signed and dated Nomination to the Trustee where this Nomination revokes any previous notice;
- unless amended or withdrawn earlier, this Nomination is binding on the Trustee for an indefinite term unless the Member has stipulated otherwise;
- this Nomination is deemed invalid if completed incorrectly; and
- I have nominated persons who are "dependants" as outlined in the Fund's death benefit policy and if otherwise as not "dependants", the Trustee will assume discretion for any Benefits payable.

I acknowledge that I have received information from the Trustee that explains my rights to direct the Trustee to pay my death Benefit in accordance with this Nomination.

Ronald Wildschut	2210712013 Date
Witness Declaration	
We declare that we are aged 18 years or more, not listed as Nomination was signed by the Member in our presence.	beneficiaries above and this
Signature of Witness 1	22/7 /2013. Date
Signature of Witness 2	// Date