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**Schedule 2**  
**Samyusra Superannuation Fund**  
**Binding Death Benefit Nomination**

**Information about binding directions**

The operation of the Samyusra Superannuation Fund (the **Fund**), of which you are a member or are being invited to be a member, is governed by a document called a trust deed (the **Trust Deed**). The Trustee of the Fund is bound to act in accordance with the requirements of the Trust Deed in administering the Fund.

Under the Trust Deed, the Trustee has a discretion to decide whether, in the event of your death, to pay the death benefit which is payable, to your estate or to dependants of yours, and, in what proportions.

However, the Trust Deed also enables you to override the Trustee's discretion by you giving a binding direction to the Trustee. This is a direction to the Trustee to pay any death benefit payable either to your estate or to dependants specified by you and in the proportions that you specify.

You may either elect for the Trustee to exercise the discretion given to it to decide who to pay your benefit to, in the event of your death, or you can give a binding direction to the Trustee by completing the direction in this Nomination.

**Important points about binding directions**

If you decide to give a binding direction by completing this Nomination, it is important for you to note the following:

1. You can only direct the Trustee to pay the benefit either to your estate or to the dependants that you specify on this Nomination (or both).
2. If you wish to give such a direction to the Trustee, you must specify the percentage of your total death benefit which is to be paid to each of the estate or your dependants.
3. You can confirm, amend or revoke this Nomination at any time by given written notice to the Trustee.
4. If you revoke your Nomination, the Trustee will have a discretion to decide who to pay the death benefit to.
5. If, on this Nomination, you direct the Trustee to pay any part of your death benefit to a person who is not a dependant (as described below), your direction will be void and of no effect and the Trustee will be required to decide who to pay your death benefit to.
6. For the purposes of the Trust Deed, a dependant is
  - a spouse of a Member
  - any children of a Member
  - any other person (whether related to the Member or not) who is financially dependent on the Member

**Spouse** include a de facto spouse and **children** includes stepchildren, adopted and ex-nuptial children.

If you have any doubt as to whether a person you wish to nominate to receive any part of your death benefit is a dependant, you should seek advice from the Trustee before completing this Nomination.
7. For this Nomination to be effective, it must be signed and dated by you in the presence of 2 witnesses who are both at least 18 years old and neither of the witnesses can be a person who you have nominated to receive a part of your death benefit.

#### Important information for completion

1. In order for this Nomination Notice to be valid, it must be fully completed in accordance with the details below:

- Ensure the Nomination, Member Declaration and Witness Declaration are completed.
- The Beneficiaries named in this Nomination must be Dependants and/or your Legal Personal Representative.

As mentioned above, your Dependants are your spouse, de facto spouse and your children (including step, adopted and ex-nuptial children), and any other person financially dependent upon you at the time of your death.

Your Legal Personal Representative is either the person named as your executor in your will, or, if you do not have a valid will at the date of your death, the person who applies for and has been granted letters of administration for your estate.

Should you wish to nominate your legal personal representative, please write 'Legal Personal Representative' as the name of the Beneficiary.

- For each person nominated, you must provide both their relationships to you and the proportion of any benefit that is to be paid to each.
- The Nomination must be signed and dated by you in the presence of two witnesses aged 18 years or over. Both witnesses must also sign and date the Nomination. It is important to note that the witnesses cannot be persons nominated as beneficiaries.

2. If any of this information is not provided, then your Nomination may be invalid. The Trustee/s will contact you for clarification if this is the case.

3. It is not compulsory to complete this Nomination. Details of who a death benefit will be paid to in the situation where there is no valid Nomination, can be found in the Member Information document.

To: The Trustees

Nomination of dependants		
Name of beneficiary	Relationship to member	Proportion of benefit
NATHANIEL GAGEN	SON	50 %
ANDERSON GAGEN	SON	50 %

Total Allocation 100%

**Member declaration**

I, MICHELE MACNAMARA in the State of NEW SOUTH WALES

as a member of the Fund, direct the Trustees to pay my death benefit to the persons nominated above (the **Dependants**) in the proportions shown above.

- I request the Trustees to abide by this Nomination.
- I can amend or revoke this Nomination at any time by providing a new Nomination to the Trustees of the Fund, signed and dated by myself in the presence of two witnesses who are aged 18 years or over.
- Unless amended or revoked earlier, this Nomination is given to the Trustees for the period from the date it is first signed or last confirmed to the date of my death.
- This Nomination revokes and amends any previous notice supplied to the Trustees of the Fund in regard to my nominated beneficiaries.

I acknowledge that the Dependants are either my legal personal representative or wholly or substantially dependent on me at the date of the nomination.

Signature of Member <i>M Macnamara</i>	Date 25 / 11 / 2020
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**Witness declaration**

We declare that:

- this Nomination was signed by the member in our presence;
- we are aged 18 or more; and
- we are not named as beneficiaries.

<i>M Macnamara</i> Signature of Member	<i>[Signature]</i> Signature of Witness SHARON NEALE Full Name of Witness 25/11/20 Date	<i>[Signature]</i> Signature of Witness ROBYN LOUDEN Full Name of Witness 25/11/20 Date
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