

BINDING DEATH BENEFIT NOMINATION FORM

C R Birch Super Fund

To: The Trustees of the C R Birch Super Fund

I, **Christopher Leigh Birch**, of 7 Wirra Lane, Lakelands, WA 6180:

- 1 revoke all former binding death benefit nominations I have made (if any) in respect of my membership in the Fund and declare this to be my last binding death benefit notice; and
- 2 nominate the following persons to receive all benefits payable in respect of my membership in the Fund on or after my death:

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*
BIRCH	REBECCA	WIFE / SPOUSE	100%	


If any person nominated in the above table should predecease me, then I direct the Trustees of the Fund to distribute the benefits allocated to that person equally among the remaining nominated persons. If there are no remaining nominated persons at the time of my death, I direct that the Trustees pay my superannuation benefits to the following persons or, if there are no persons nominated in the below table, to my legal personal representative.

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*
BIRCH	TAJ	SON	20%	
BIRCH	SETH	SON	20%	
BIRCH	STONEV	DAUGHTER	20%	
BIRCH	ADDISON	DAUGHTER	20%	
BIRCH	XAVIER	SON	20%	

* If no Manner of Payment is specified, the Trustees of the Fund will have the discretion to pay the death benefits as one or more lump sums or as a pension.

- 3 I acknowledge that the nominated persons are:
 - (a) my dependants for the purposes of superannuation law being:
 - (i) a spouse
 - (ii) a child;
 - (iii) a person who is financially dependent on me; or
 - (iv) a person with whom I am in an interdependency relationship; or
 - (b) my legal personal representative.

Dated: 24/03/2020



 Christopher Leigh Birch

Witness declaration

First witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Christopher Leigh Birch in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 24/03/2020



Signature of witness

PHILIP ANDREW ADLEY

Name of witness (please print)

63 HIGHCLIFFE CIRCLE LAKELANDS WA 6180

Address of witness (please print)

Second witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Christopher Leigh Birch in my presence; and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 24/03/2020



Signature of witness

MAXINE ALISON DAWSON

Name of witness (please print)

9 PERON PLACE - SAN REMO - W.A 6210

Address of witness (please print)

Important notice

You should seek legal advice if your personal or financial circumstances change or if you wish to amend or revoke your existing binding death benefit nomination. You should regularly review your binding death benefit nomination to ensure it still matches your circumstances

If you wish to amend or revoke your binding death benefit nomination, the Trustees of the Fund can provide you with a form on request. The form should be witnessed by two people 18 years or over who are not named in the original binding nomination or the subsequent amendment or revocation.

We recommend the date the member signs the form should also be the date the witnesses sign the declaration to ensure the binding death benefit nomination is not challenged.

BINDING DEATH BENEFIT NOMINATION CHECKLIST

Checklist for the C R Birch Super Fund

Member: Rebecca Anne Birch

Member requirements

- The nomination must be in writing
- The nomination must be signed
- The nomination must be dated
- The nominated dependants must be:
 - (a) your superannuation dependants, which are:
 - (i) your spouse;
 - (ii) your children;
 - (iii) a person who is financially dependent on you; or
 - (iv) a person with whom you are in an interdependency relationship; or
 - (b) your legal personal representative
- An interdependency relationship is characterised by:
 - (a) a close personal relationship with another person;
 - (b) you live together;
 - (c) either of you provides the other with financial support; and
 - (d) either of you provides the other with domestic support and personal care.
- You will still be considered to be in an interdependency relationship if you do not satisfy the above requirements on the basis of the physical, intellectual or psychiatric disability of either party.
- The percentages allocated to the nominated beneficiary or beneficiaries must total 100%.

Witness requirements

- The nomination form must be signed by two witnesses
- The witnesses must be at least 18 years
- The witnesses cannot be a nominated beneficiary
- The witnesses must sign a declaration stating that the member signed the nomination form in their presence

Amending the nomination form

- The nomination form should be revised if your personal or financial circumstances change

Legal advice

- You should receive legal advice every time you amend or revoke your binding death benefit nomination

Trust deed

- You should check your superannuation deed to ensure that it allows you to make binding death benefit nominations and does not impose any additional requirements

Time frame

- The trust deed for a self managed superannuation fund provides for a binding death benefit nomination to apply indefinitely where the nomination form is correctly completed and executed

BINDING DEATH BENEFIT NOMINATION FORM

C R Birch Super Fund

To: The Trustees of the C R Birch Super Fund

I, **Rebecca Anne Birch**, of 7 Wirra Lane, Lakelands, WA 6180:

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- 2 nominate the following persons to receive all benefits payable in respect of my membership in the Fund on or after my death:

Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*
BIRCH	CHRISTOPHER	HUSBAND/SPOUSE	100%	

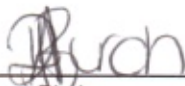
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Surname	Given name	Relationship	Specify \$ or % amount	Manner of Payment*
BIRCH	TAJ	SON	20%	
BIRCH	SETH	SON	20%	
BIRCH	SYDNEY	DAUGHTER	20%	
BIRCH	ADDISON	DAUGHTER	20%	
BIRCH	XAVIER	SON	20%	

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 - (b) my legal personal representative.

Dated: 24/03/2020



Rebecca Anne Birch

Witness declaration

First witness

I confirm that:

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and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 24/03/2020



Signature of witness

PHILIP ANDREW AXLEY

Name of witness (please print)

63 HIGHLIFFE CR LAKELANDS WA 6130

Address of witness (please print)

Second witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Rebecca Anne Birch in my presence;
and
- 2 I am 18 years or more and am not a person nominated in this binding death benefit nomination form.

Dated: 24/03/2020



Signature of witness

MAXINE ALISON DAWSON

Name of witness (please print)

9 PERON PLACE - SAN REMO - W.A - 6210

Address of witness (please print)

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