

Binding death benefit nomination

Member direction

Title	Mr	Surname	Stubbings
Given names	Carl Stephen		
Superannuation Fund name	C & K Stubbings Superannuation Fund		

In the event of my death:

- (a) any benefit of mine which is a reversionary pension, where the elected reversionary beneficiary survives me, and the Relevant Law permits the pension to be paid to them, then the reversionary pension will revert to them in accordance with the terms applying to the reversionary pension; and
- (b) all my other superannuation benefits held in the self managed superannuation fund named above (**Superannuation Benefits**) must be paid to the following person(s) in the following proportion(s):

Full name of beneficiary	Relationship to you	Proportion of Superannuation Benefits
1. Kim Stubbings	Wife	100%
2.		
3.		
4.		

Complete the following table if you have only nominated **one** person in the table above.

In the event of the previously nominated beneficiary being deceased at the time of my death, all my Superannuation Benefits which would have been payable to them are to be paid to the following person(s) in the following proportion(s):

Full name of beneficiary	Relationship to you	Proportion of Superannuation Benefits
1. Hannah Stubbings	Daughter	33 1/3% 33 1/3%
2. Thomas Stubbings	Son	33 1/3%
3. Eliza Stubbings	Daughter	33 1/3%
4.		




Binding death benefit nomination

Member declaration

In the event of my death, I direct the trustee(s) to distribute my Superannuation Benefits, excluding any benefit of mine which is a reversionary pension where the elected reversionary beneficiary survives me, to the person(s) nominated and in the proportion(s) specified in this binding death benefit nomination. I revoke all previous binding death benefit nomination(s) and direct the trustee(s) that this binding death benefit nomination shall remain in force and **shall not lapse** at any time prior to me signing a new binding death benefit nomination or notifying the trustees in writing that I have revoked this binding death benefit nomination.

Signature required


Member signed		Name (please print)	Carl Stephen Stubbings
		Date	28/2/18

Witness declaration

I declare that:

- ◇ I am not nominated as a beneficiary in this binding death benefit nomination.
- ◇ I am over the age of 18 years.
- ◇ In my presence and the presence of the other witness, the member signed and dated this binding death benefit nomination.

Signature required

Witness 1 signed		Name (please print)	AMANDA WATSON
		Date	28/02/18

Witness 2 signed		Name (please print)	ROSHAN ROY PHINP
		Date	28/02/2018