

Leacon Superannuation Fund

Death Benefit Nomination

COMPLETE THIS FORM TO NOMINATE WHO SHOULD RECEIVE YOUR SUPERANNUATION BENEFITS ON YOUR DEATH. THIS NOMINATION IS BINDING ON THE TRUSTEE.

Warning: A member of an SMSF can make a death benefit nomination that is a binding direction on the trustee of an SMSF provided that is catered for in the governing rules of the fund and the form is completed correctly. Please ensure you review the Governing Rules of this fund before completing the nomination otherwise, this nomination may be deemed invalid in a court of law.

Binding death benefit nominations are legal documents and carry significant risk. We therefore highly recommend that the nomination is reviewed or completed by a Legal Representative.

FUND AND MEMBER DETAILS

Fund Name:	Leacon Superannuation Fund
Member Name:	Terrence John Charles Leary
Member Code:	LEATER00001A
Member Address:	RN 164 Gadgarra Road, Lake Eacham, Queensland 4884

NOMINATION MADE TO

Gadarra PTY LTD of RN 164 Gadarra Road, Lake Eacham , Queensland, 4884 as trustees of Leacon Superannuation Fund which is a self-managed superannuation fund as defined in the *Superannuation Industry (Supervision) Industry Act 1993* (Cth) ('the SIS Act').

MY NOMINATION

I hereby request the Trustee to pay my superannuation benefit payable, in event of my death, to the person(s) nominated below.

Beneficiary Name	Address of Beneficiary (LPR does not require an address)	Beneficiary's Relationship to Member	% of Total
John venerando Contarino	RN 164 Gadgarra Road, Lake Eacham, Queensland 4884	Partner	100.00%
Total			100%

Should the person nominated as my beneficiary predecease me, then the trustee must pay my entire Benefit payable into my Estate so that such benefits will be dealt with by my legal personal representative in accordance with the provisions of my last Will.

DECLARATION & ACKNOWLEDGEMENT

- I acknowledge that this Nomination is made in accordance with the Commissioner's view set out in SMSFD 2008/3 that the statutory requirements in subsection 59(1A) of the SIS Act and regulation 6.17A of the SIS Regulation have no application to self-managed superannuation funds.
- I acknowledge that the requirements in the *Superannuation Industry (Supervision) Act* and the *Superannuation Industry (Supervision) Regulations 1994* (Cth) have been satisfied notwithstanding Rule/Clause of the fund Deed does not require the Nomination to comply with the requirements in the SIS Regulations.
- I acknowledge that each of the persons mentioned in this Nomination is my spouse, child, financial dependant and/or my legal personal representative.
- I acknowledge that this Nomination is intended to be effective until and unless the nomination is later revoked by me.
- I have signed this Nomination in the presence of two witnesses (who are not a nominee on this Binding Death Benefit Nomination) both of whom are over the age of 18.
- This nomination replaces any pre-existing nominations I currently have with this fund.


.....
Terrence John Charles Leary


.....
Date

Leacon Superannuation Fund

Death Benefit Nomination

WITNESS DECLARATION

I declare that:

1. I am a person over 18 years;
2. I am not a person mentioned in this Binding Death Benefit Nomination; and
3. The Member signed this Binding Death Benefit Nomination in my presence and in the presence of the other witness.

Witness 1:

Full Name:

Stacey Ryan

Address:

111-113 Rankine Drive, Tolga

Stacey Ryan

Signature

29/09/2021

Date

Witness 2:

Full Name:

ANTHONY JOHN FRANCIS CARROW

Address:

RN 422 LANDRY RD
SAGGAN QLD 4885

Anthony Carrow

Signature

29/09/21

Date

Leacon Superannuation Fund

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FUND AND MEMBER DETAILS

Fund Name:	Leacon Superannuation Fund
Member Name:	John venerando Contarino
Member Code:	CONJOH00004A
Member Address:	RN 164 Gadgarra Road, Lake Eacham, Queensland 4884

NOMINATION MADE TO

Gadarra PTY LTD of RN 164 Gadarra Road, Lake Eacham , Queensland, 4884 as trustees of Leacon Superannuation Fund which is a self-managed superannuation fund as defined in the *Superannuation Industry (Supervision) Industry Act 1993* (Cth) ('the SIS Act').

MY NOMINATION

I hereby request the Trustee to pay my superannuation benefit payable, in event of my death, to the person(s) nominated below.

Beneficiary Name	Address of Beneficiary (LPR does not require an address)	Beneficiary's Relationship to Member	% of Total
Terrence John Charles Leary	RN 164 Gadgarra Road, Lake Eacham, Queensland 4884	Partner	100.00%
Total			100%

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John venerando Contarino

29/9/2021
.....
Date

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3. The Member signed this Binding Death Benefit Nomination in my presence and in the presence of the other witness.

Witness 1:

Full Name: *Daniela Martins*

Address: *27 Louise Street Ararat 4863.*

[Signature]

Signature

29/9/21

Date

Witness 2:

Full Name: *Michelle Payne*

Address: *27 Louise St Ararat 4863.*

[Signature]

Signature

29/09/2021

Date