

## BINDING DEATH BENEFIT NOMINATION FORM

### Taylor Family Superannuation Fund

To: The Trustee of the Taylor Family Superannuation Fund

I, **David Alan TAYLOR**, of 3 William Street, Avalon, NSW 2107:

- 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*
TAYLOR	KAREN	WIFE	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*

\* 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: 2017/1/15

  
David Alan TAYLOR

## Witness declaration

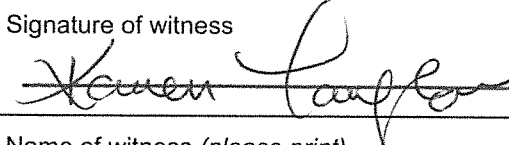
### First witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by David Alan TAYLOR 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: 20/7/15

Signature of witness

 Margaret Hughes

Name of witness (please print)

~~Karen Taylor~~ MARGARET HUGHES

Address of witness (please print)

~~3 William Street AVALON BEACH NSW 2107~~  
76 Kooloona Cres West Pymble NSW 2073

### Second witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by David Alan TAYLOR 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: 20/7/15

Signature of witness

 IAN DALLAS JONES

Name of witness (please print)

40 CARRAMATTA ROAD, MARRAM 2200

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 Taylor Family Superannuation Fund

Member: David Alan TAYLOR

#### 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

## Taylor Family Superannuation Fund

To: The Trustee of the Taylor Family Superannuation Fund

I, **Karen Julia TAYLOR**, of 3 William Street, Avalon, NSW 2107:

- 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*
TAYLOR	DAVID	HUSBAND	100%	

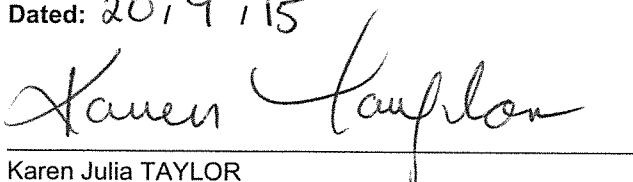
If any person nominated in the above table should predecease me, then I direct the Trustees of the Fund to distribute the benefits allocated to that person equally among the remaining nominated persons. If there are no remaining nominated persons at the time of my death, I direct that the Trustees pay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

\* 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: 20/7/15

  
Karen Julia TAYLOR

## Witness declaration

### First witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Karen Julia TAYLOR 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: 20/7/15

Signature of witness

David Taylor Margaret Hughes  
Name of witness (please print)

Address of witness (please print)

3 William St, Avalon NSW 2107 76 KOOLUNA CRES, WESTPYMBLE  
2073

### Second witness

I confirm that:

- 1 this binding death benefit nomination form was signed and dated by Karen Julia TAYLOR 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: 20/7/15

Signature of witness

IAN DALLAS JONES  
Name of witness (please print)

44 CARBONATE ROAD ROSMAN 2073  
Address of witness (please print)

### Important notice

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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 Taylor Family Superannuation Fund

Member: Karen Julia TAYLOR

#### 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;
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    - (iii) a person who is financially dependent on you; or
    - (iv) a person with whom you are in an interdependency relationship; or
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- ☐ An interdependency relationship is characterised by:
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